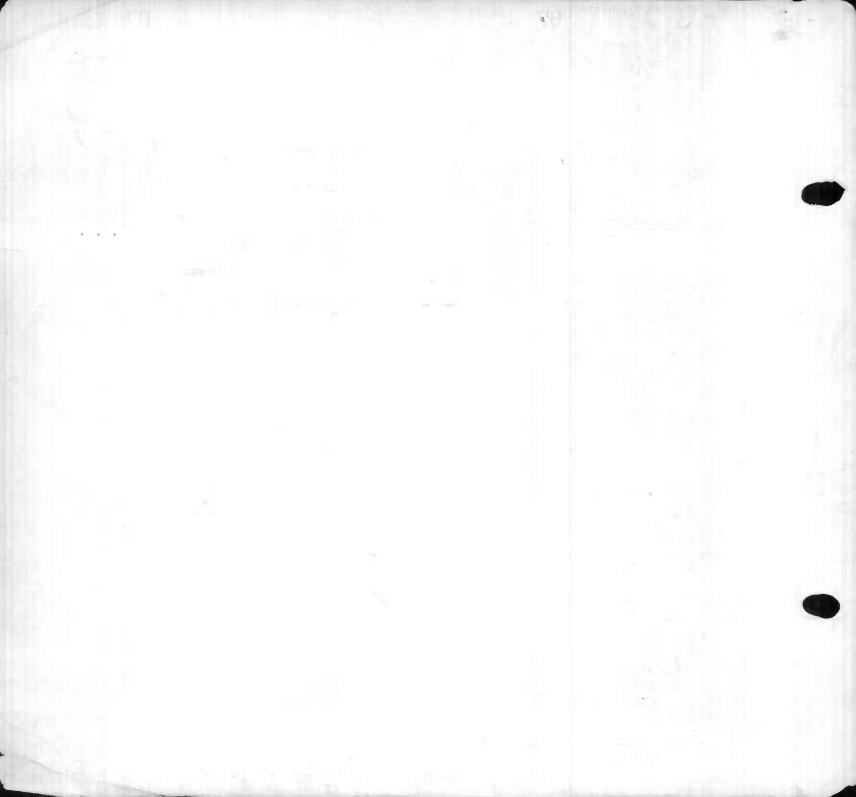
13 -	20 67	9.5		Y HEALTH DEPARTMENT		67 950	1
M.E. CASE NO.	30		CERTIFICA	TE OF DEATH	Registered No		A.
1. NAME OF DE	CEASED 7	01	10011	2. DATE A	AND HOUR OF DEAT	H _ 25	
3. PLACE OF DI	AGNES L	, DA	ACON	4. USUAL RESIDENCE (WI	19/6/	7 -	A
S. PLACE OF DI	EATH IN BALIIMORE, MAR	MEAND		A. STATE B. COU		institution: residence before	odmissio
FULL NAME			n, give street	Maryland			
HOSPITAL OR	Baltimore Cit		nitala		outside city limits, writ	e BURGL and give township	35-
	4940 Eastern	-		Baltimore		7-01	
. 31	Baltimore, Mar				If rurol, give location)	21218	
		-		2708 Boone S			
. sex Female	6. RACE White	WIDOW	D, NEVER MARRIED VED, DIVORCED (specify) Tried	1-18-1915	9. AGE (In years lost birthdoy) 52	If Under 1 Yr. If Un Months Doys Hours	der 24 H
		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
45.00	f working life, even if retired) ewife			Maryland		U.S.A.	
3. FATHER'S NA				14. MOTHER'S MAIDEN N	AME	0.0.2.	
r 141 P		John 1		Penelope	BARRETT		
	od Ever in U. S. Armed Force			17. INFORMANT		ADDRESS	
NO	_		217-22-1120	Records:BCH	494 Easte	rn Avenue	2122/
1B. 0	-/. /1		CAUSE	OF DEATH		INTERVAL BET	
DISEA	ASE OR CONDITION DIR	ECTLY		1 12	0	ONSET AND	DEATH
	LEADING TO DEATH		IAI A	with the whee.	Lateral		
	not mean the mode of			Jak.	4411		
	mplicotion which caused			7	1		
	ANTECEDENT CAUSES		(B)	espuratory	arrest		
DISEASES	OR CONDITIONS, if a	ınv. aivin	DUE TO	1 - 1.	0. 1	- /	
rise to I	he obave cause (A)			mystrophic,	Lateral	340	2,
UNDERLYIN	IG CONDITION last.			Scleus	us	/	
E TO THE	II NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING IT	TED TO		iary Lar	l Infec	tin	
	F OPERATION 198. CONT	DITION FOI	R WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED	
19A. DATE C	WAS PERF	ORMED		Yes	IN CERTIFYING	CAUSES OF DEATH?	
U 21A. ACCID	ENT WAS UNDERLYING	2	1B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID		nore City, give exact location	n)
DEATH (noti	SUTING CAUSE OF fy medical examiner	h	ome, form, foctory, street, o	office bldg., INJURY OCCUR?			
U	(Month) (Doy) (Yeor)	(Hour) 2	1E. INJURY OCCURRED	21F. HOW DID IN	LILIBY OCCUPS		
OF INJURY	(140mm/ (Doy) (160f)		While At Not Whi		AJORT OCCUR!		
(APPROX.)			Work At Work			1.	
22. I certif	y that ((1) this hospital)	ottended	the deceased from	10/3	19 67 to 1	019/67	19
) lost saw the decease		4. /	19 67 and		ppinion death occurred	
			0 1-		Comment	-pon dodni decoired (, 1110
23A. SIGNAT		ed obove.	(I) (We) (did not)	view the body ofter death	le .	23 B. DATE SIGNED	
(6)		00	M.D. Att	tending Med.	Stoff T	23B, DATE SIGNED	
N	avid E. M	- 60	ecto Ph	ys. Director	Phys.	10/4/6	
23C.PHYSICI	Typel			23 D. ADDRESS			21224
	vid E. IcBETH	1	M.D.	4940 Eastern A	venue , Bal	timore, Maryla	ind
4A. BURIAL CR		24C.	NAME of CEMETERY OF CE			(City, town, or county)	(Stote)
REMOVAL	A / /9/ T-7	112	THENDE	1	n FALTA	C.10 DA	40
SA. DATE REEN	THE HEALTH DEPT.	25R NA AAR	ATT PEDRAL	25C. FUNERAL DIRECTO	V FKKDRI	ADDRESS	MU
Į)	CT 5 1967 A	0 4	0 2.0	A CO. T	20	ADDRESS	0.
i	06	KHLU	C. Talker	DIPPEL B	KUS INC ?	MODELAIR	2D
VS 150-REV. 1/1	06	KALU	C. Miles Pell	DIFFEL D	KAS INC	MODELAIR	



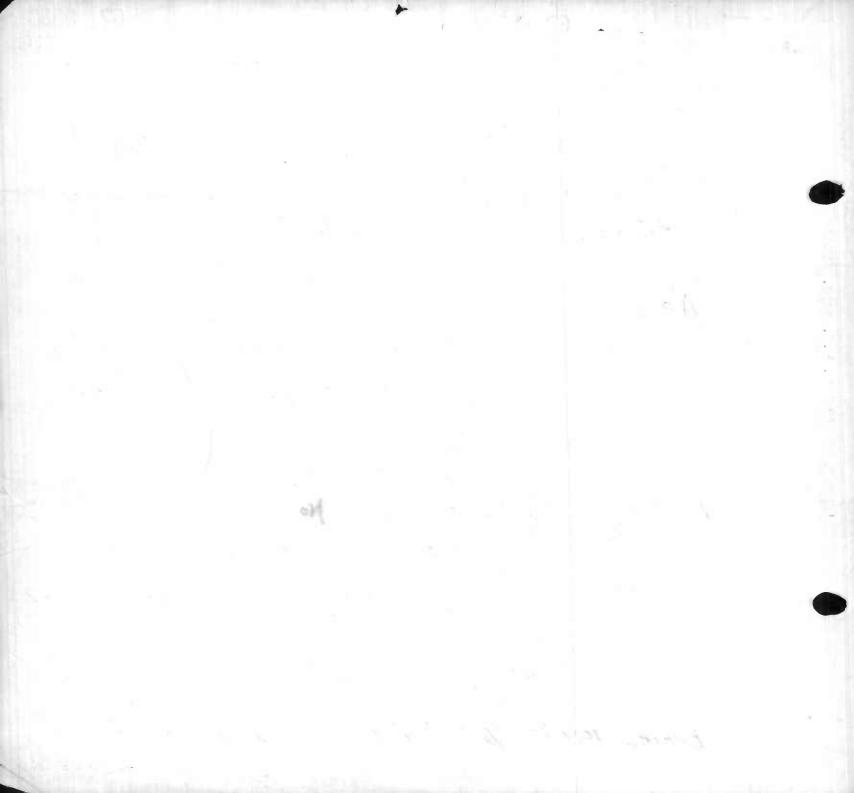
9502

67. 9502 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

LE CASE NO.	EKTITICATE OF DEATH
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
ype or Print)	
EVA PROCTOR PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	September 27, 1967 12:00 p.M. [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
OSPITAL OR ADDRESS OR LOCATION)	C. CITT OK TOWN (III Obiside corporate annis, write Advantage of the lowinship)
	Baltimore /6-0/
1016 Poplar Grove D.O.A.	D. STREET ADDRESS (If rurol, give locotion)
1010 Topiai Giove B.O.II.	1016 Poplar Grove St.
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	Months, Doys, Hours, Min.
Female Colored VYICOW CA	RY 11. BIRTHPLACE State of foreign country 12. CITIZEN OF
ne during most of working life, eyen if retired)	WHAT COUNTRY?
Domestic COOK	VIY9IMIG USA,
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Javage	Kenia Pottit
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS (O.C.) DO A
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	100000000000000000000000000000000000000
NO 216-16-84	11 11/0x su younson Balla mysto
18. CAUS	SE OF DEATH
DISEASE OF CONDITION PROPERTY	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arteriosclerotic Cardiovascular
(This does not mean the mode of dying, e.g., DUE TO	-
heart failure, asthema, etc. It means the disease, injury or complication which coused death.)	Disease
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	**************************************
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.	NO NO I no obout 21C. WHERE DID (If in Boltimore City, give exect location)
UNDERLYING OR CONTRIB- home, form, foctory, street,	office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
(210 THE CANDIDITY (DOY) (1601) (11001) 1216 HADEL OCCORNED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	T WHILE
m. WORK AT V	WORK L
	utapsy and that an this basis, death In my apinlan
resulted fram: Natural causes X Accident Suici	
Accident Suici	
ACTUAL Sola A TO MILE.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CONSTRUCTION MILES	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	
A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY	
MQVAL (Specify)	1
	MAC ACCOMACIOA.
A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
OCT 5 1967 Robert E. Falley MA	10 11 0 100 0
and the kind of the section	Samuel Sauga - Very Chrock

Widowed May 5 1912 65 Domestie Cook Virginia USA.
John Savage Renia Pettit 140 1 216-11 8911 MP 3 342 Defenden 30 25 mil Bernd 10-1-67 ACCOMAC ACCOMACE The state of the s

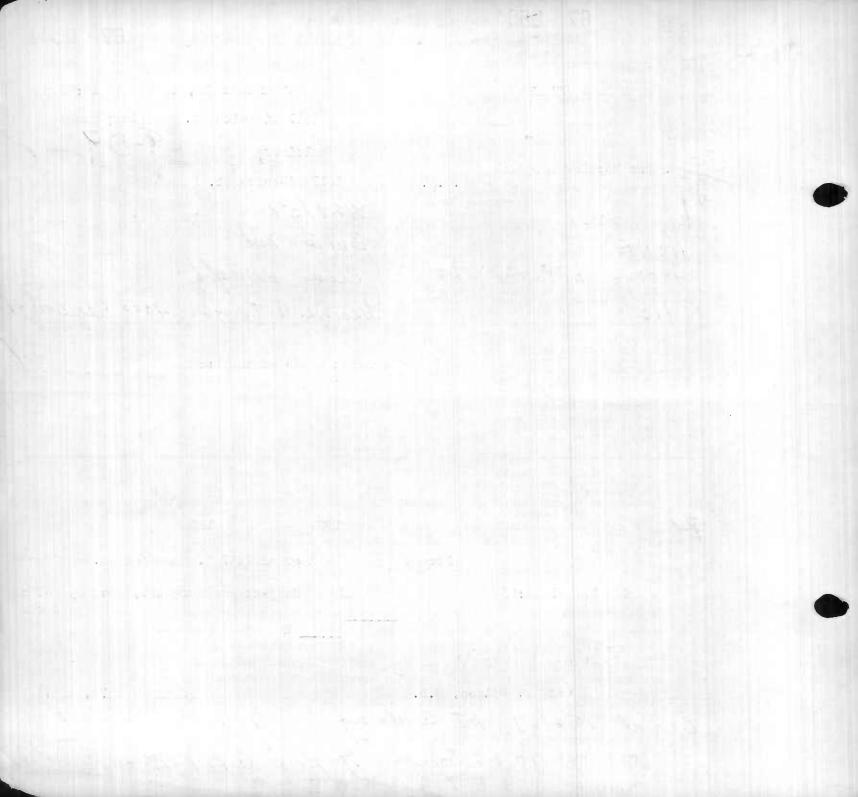
5		0.500	BALTIMORECITY	HEALTH DEPARTMENT		CT	950
URTH 1	NO, CASE NO.	7 9503	CERTIFICA	TE OF DEATH	Registered Na.	0.7	200
	AE OF DECEASED	NES			AND HOUR OF DEATH		2:50
. PLA	CE OF DEATH IN BALTIMORE,			4. USUAL RESIDENCE (V	Vhere deceased lived, if in	stitution; residence	before odmi:
				A. STATE B. CD	O		
HOS	SPITAL DR oddress or loc				outside city limits, write	RURAL and give	(wpanip)
) =	THE JUMNS M	OPKINS H		BALTIMOR	E	9-0	9
5_	3 BALTIMORE,	MD 2120	5	D. STREET ADDRESS	(If rural, give location)		1
				+	FEDERAL STR		
. SEX	ALE NEGRO	MARRIED, N	DIVORCED (specify)	8-1-97	9. AGE (In years lost birthdoy)	Months Doys	Hours A
	SUAL OCCUPATION (Give kind of				foreign country)	12, CITIZEN OF	i
	uring most of working tife, even if retire		,03111233 01 111003111	91.00	iotaigii coonny/	WHAT COL	UNTRY?
2 EAT	THER'S NAME			14. MOTHER'S MAIDEN	* NAAAE		
		C					
	ASHINGTON JONE		Č (SOCIAL	ZILPHIA T	HUMPSUN	4555	
Yes, no	s Deceased Ever in U. S. Armed or unknown) (If yes, give wor or	dotes of service	SOCIAL NO.	17. INFORMANT		ADDRI	
_/	1/8		195-03-834	1			
18.	E736,5T	E STATE OF THE STA		F DEATH		ONSET	AND DEAT
	LEADING TO DEA	TH CHECKLY	15/8 The	racranial H	enerous baco	14	de
(T)	DISEASE OR CONDITION LEADING TO DEA his does nal mean the made sort failure, asthenia, etc. It me	of dying, e.g.	DUE TO	the Sale Still Hard	- autinage		unigs
110	jury ar camplication which cou	ulia ille diadase,	TT 1/2	ad There	,	111	16.
	ANTECEDENT CAU	SES	SOUE TO	aci iraurna		1.61	ay
	ISEASES OR CONDITIONS, se to the above cause (3 36				/
	NDERLYING CONDITION last.	A/ slutting the	岂不是		0 H H H H H 0 0 H 0 0 0 0 0 0 0 0 0 0 0		
	11		300				
	THER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT R		1/2000	1 / / /	D.'		
V 194	A.DATE OF OPERATION 198.	G IT.	HICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES. WERE	FINDINGS CONSI	DERED
19/ 19/	G-20-67 WAS	PERFORMED (Hematoma	No	NO 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?	
OP	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	G 21 B, P	LACE OF INJURY (e.g.,	n or obout 21 d. WHERE DIE	(If in Boltimor	e City, give exoct	tocotion)
A DE	ATH (notify medical examiner)	etc.)	Street	13	98 Hanfun	el Aug	1-6
O 211	D. TIME (Month) (Doy) (Ye	-	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	7 /10	/
2 (A)	PPROX.) 9-17-6	7 7 While	At Work	· X . L./	1 - 1 Klir	w for he	end
22.	. I certify that (I) (this hosp	ital) attended the	deceased fram	9-19-67	19 to	0-1	19.
the	at (I) (we) lost saw the dece	ased alive an	10-1	1967 and	that in(my) (aur) ap	nion death accu	orred on t
an	d haur and from the causes	stated abave. (1)	(We) (did) (did nat)	view the bady after dear	th.		
234	A. SIGNATURE	12/				23B. DATE SIGN	ED
	Keon C. 1	arks	M.D. Att		Stoff Phy s.	10-1	67
230	C.PHYSICIAN'S NAME (Type)	DI		23D. ADDRESS	1//	1/	t
	Leon C.	rarks	M.D.	John	Hookins 1	1050	
4A. BI	URIAL CREMATION, 248. DATE EMOVAL (Specify)	24C. NA	ME OF CEMETERY OF CR	EMATORY 2/E	LOCATION (C	ity, town, or county	13
F	SURIAL 10/6	167 /1	T' Call	my !	1. 0 60	zanly	MA
25A. U	ATE REC'D BY HEALTH DEPT.	258. NAME OF	REGISTRAR	256 FUNERAL DIREC	TOR 2		DRESS
	<u>(161 5 19</u>	of Obraso	F. YOUNGER	(Doseph	1. Kocks	130	o4hil
150)-REV. 1/1/65	Lufe .		1 2 6 1	1		-



P-600

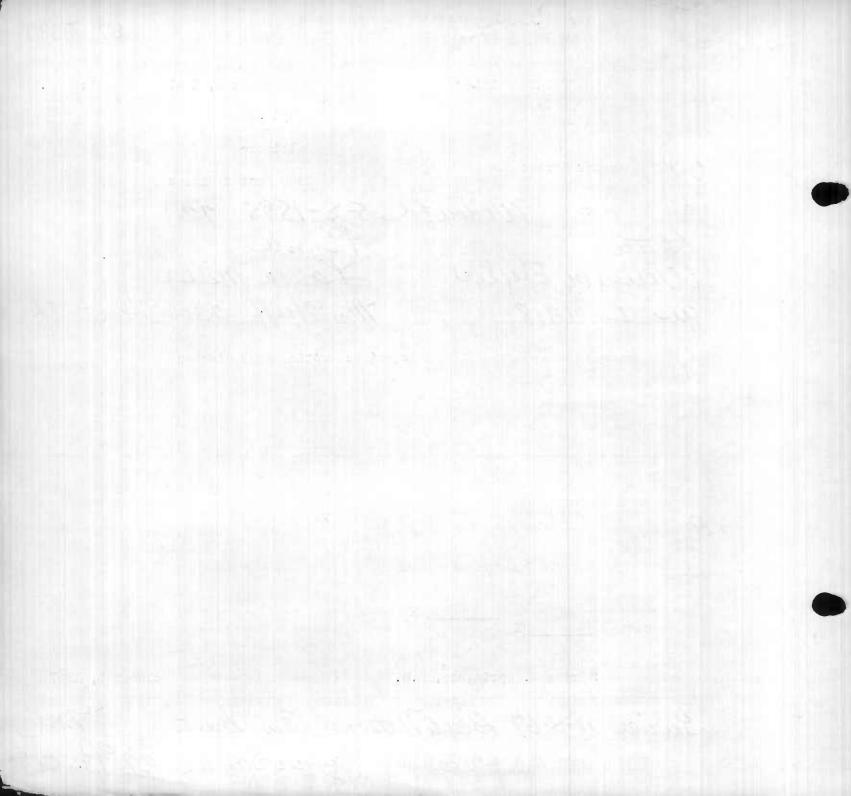
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9504

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR PRONOUNCED D	EAD
	RRY	Septei	mber 29, 1967	10:45 p.m.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution B. COUNTY	n: residence before odmission)
FULL NAME OF (IF NOT IN HOS) HOSPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET CATION)	C. CITY OR TOWN (If outside	uith St.	Maryland AL ond give to waship)
Johns Hopkins	Hospital	Baltimore D. STREET ADDRESS (If rurol,		01
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs.
1/	WIDO WED, DIVORCED (specify)	9/29/51	lost birthdoy	on this Doys Hours Min.
done during most of working life, even if retire	vork 10B. KIND OF BUSINESS OR INDUSTI	Balto nis	country) 12.	CITIZEN OF WHAT COUNTRY?
GRONGE A	Perry Dt.	Clea W	right.	
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give wor or d		17. INFORMANT	erry der. 40	00 Ednewood R.
118.	CANIS	SE OF DEATH	0-74:	INTERVAL BETWEEN
heort foilure, osthenio, etc. It me injury or complication which couse ANTECEDENT CAU DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	SES SANY, GIVING DUE TO STATING THE			
OF THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. C WAS F	RELATED TO THE			
	ONDITION FOR WHICH OPERATION ERFORMED	YES	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF YES	
V 21A, EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB- UTING □ CAUSE OF DEATH.	218. PLACE OF INJURY (e.g.,		If in Boltimore City, give en	roct location)
UTING CAUSE OF DEATH.	etc.)		1117 - 1	5-00
2	eor) (Hour) 21E INJURY OCCURRED	Rear of	1117 E. Monume	ent St.
OF INJURY (APPROX.) 9 29 6		WHILE X Subject	t was burgular	s, shot by police
1 certify that I held an	Inquiry Inspection A		s basis, death in my a	officer
resulted fram: Natural	causes Accident Suici	de Hamicide X U	Indetermined manner	
ACTUAL SALLO	NI Wilson	CHIEF MEDICAL EX		DATE SIGNED
SIGNATURE EXAMINER'S	M.1	ASSOCIATE MEDICAL EX		
	rd F. Wilson, M.D.			nber 29, 1967
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 10/6	167 Mt Cal	or CREMATORY 23D. LC		ly i mos
24A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	1.01	ADDRESS Contral a
OCT 5 1967	O. D. & E. Farberes			



67 9505 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9505

A.E. CASE NO.	
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Type or Print ROBERT TYLER	October 1, 1967 12:30 P.M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
OSPITAL OR ADDRESS OR LOCATION) NSTITUTION	/ /
	Baltimore D. STREET ADDRESS (If ruro), give locotion)
2308 Hunter Street	
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr.) if Under 24 Hrs Street House House Months Doys Hours Min.
Male Negro WIDOWED, DIVORCED (specify)	5-1695 lost birthdoyl Months Doys Hours Min.
DA. USUANO CCURATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF
one during most of Norking Me, even if retired)	Houng. What country?
B. FATHER'S NAME	14 MOTHERS MAIDEN NAME
Illilliam CUIVER	Laura Meller
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (es. no or unknown). (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	My Hull 2306 Henter St
118 CA	AUSE OF DEATH INTERVAL BETWEEN
DISTASS OF CONDITION DISCOUNT	ONSET AND DEATH
	teriosclerotic heart disease
(This does not mean the mode of dying e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OF CONDITION CAUSING IT	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	NO NO CANDON CONTROL OF THE PROPERTY OF THE PR
UNDERLYING OR CONTRIB- home, form, foctory, stre	(e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) eet, office bldg., INJURY OCCUR?
OF INJURY	
m. WORK	NOT WHILE
22. I certify that I held on Inquiry Inspection X	Autopsy ond that on this basis, death in my opinion
resulted from: Natural causes X Accident Su	uicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL Clean J.	M.D. ASSISTANT MEDICAL EXAMINER X
SIGNATURE EXAMINER'S Charles S. Springate, M.D	
NAME (Type)	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMET	TERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Aurial 10-5-67 Balta 1	ational (Em. Balto Md
AA. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
DOTE 1007 A C & C TAR	Mayner Sanday 2177 Pront
OCT 5 1967 P. C. 15 8, stalker	- The Sunder - 10 17 destore
S 151-REV. 1/1/65	0000



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

1514 Dongwood W 1 1 10/05/0 An army parette branks - Torongo H. Jalian - Mirringal principle The same of the latter a country attack 4 too Etc. on it h

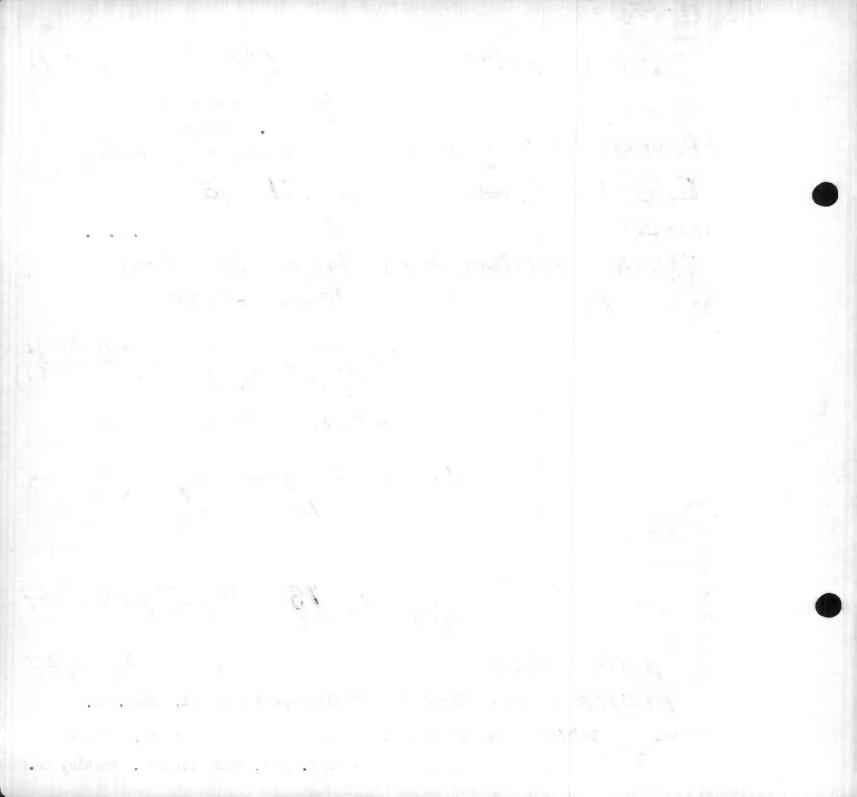
FUNERAL DIRECTOR: IMPORTANT

P-436 67 98	TOID	TE OF DEAT	V	67 9507
M.E. CASE NO.	irginia B. Pelto		E AND HOUR OF DEATH	1
(Type or Print)	PELTER		@	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1-26151	4. USUAL RESIDENCE (Where deceased lived. II	96 1 30 A
FULL NAME OF (If not in hospital or instituti	ion, give street	Md.	Baltimore	- 0 /
HOSPITAL OR oddress or locotion)	11 - +1	P-States	If outside city limits, write OPE - Dundall	RURAL ond give township)
2 Church Home !	Hospilla-1	D. STREET ADDRESS	(If rurol, give location)	
3 9		3016 Du,	NGWW ROW	10
Female CAUC 7. MARR	WED, DIVORCED (specify) Widowed	5-21-08	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
6A. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	_	South Con		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN	_	
Edger A. Willis			- STONE	
5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown) (If yes, give wor or doles of servi		(50 N)	3016 DUNGL	ow Rd, Arnold
NO -	219-50-2680		BALTINORE	102001
1B. 584XI		OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Bul	Poleral ?	ecrous	2
(This does not meen the made of dying,	e.g., (A)	Rida		2
heart failure, asthenia, etc. It means the dise injury or camplication which coused death.)				-
ANTECEDENT CAUSES	(B) Sla	chy & cl	colecystes	low
	DUE TO		- '-	
DISEASES OR CONDITIONS, if any, given is a lotter above cause (A) stating	the (C)	alettes	Juellete	Ly
UNDERLYING CONDITION last.				
II.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING II.	Int.			
19A. DATE OF OBERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes)		FINDINGS CONSIDERED AUSES OF DEATH?
1/V/16/ /Ja	lestones	Yes	W	1
O 21 A ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCU	ID (If in Boltimo	re City, give exact location)
21D. TIME (Month) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (I) (this hospital) attended			10/274	10/2 196;
that (I) (we) last saw the deceased alive	1			/
		, ,		inlan death accurred on the c
and haur and from the causes stated above	e. (I) (We) (did) (did not)	view the body after de	oth.	
23A. SIGNATURE	17 CHE AN	anding — Mad =	Stoff S	23B. DATE SIGNED
francisco Pal	lagion Phy		Phys.	10/2/67
23C. PHYSICIAN'S NAME (Type) THANCISCO TOA	TAND M.D.	23D. ADDRESS	CH Har	1 & & Hosp
44. JURIAL CREMATION, 248. DATE 246	C. NAME OF CEMETERY OF CR	EMATORY 24	D. LOCATION (C	City, tawn, or county) (State)
BEAAOVAL (Social)	oreland Memoria			altimore, Md.
	ME OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
OCT 5 1967 P.O. F. E.	Fr. Owne	John J. Due	ia, 7922 Wise	Ave. Dundalk, Md.
S 150-REV. 1/1/65	A CONTRACTOR OF THE PARTY OF TH	0 0 6 9	0	

The Edward AND Company of the U.S. Sens formulation actific The state of the s Assert waster 2 of Transit Boussess, ex Emper A William BROWS BRUDA TO SHEAT MORE WAS DISCUSSED - ON madent mering 457/67 Soules Town THE WELLS ON THE THIRD CHARLES ON MANY

FUNERAL DIRECTOR: IMPORTANT

A-520	BALTIMORE CITY	HEALTH DEPARTMENT		67 9508
BIRTH NO. 67 950	8 CERTIFICAT	TE OF DEATH	Registered Na	07 0000
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) NIVE AMO	S	2. DATE A	NO HOUR OF DEATH	4:00 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WA	ere deceased lived. It inst	itution: residence before admission
FULL NAME OF (If not in hospital or institution,	give street	MD.	Baltimore Co)
HOSPITAL OR oddress or location) tNSTITUTION		C. CITY OR TOWN (II o	utside city limits, write RU	RAL and give township)
FRANKLIN SQUARE	= Happ	D. STREET ADDRESS	Dundalk Jurol, give locotion)	55-00
THINKETO SGUARE	Hosp,	810-5 \$	osebank	Ave.
Emple White Marr	ied (specify)	9/5/9/	9. AGE (In years lost bidblow)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		MV_{i}		U. S. A.
THOMAS HOLLDA	4 ASHED	4. MOTHER'S MAIDEN NA	FTH SE	AU
5. Was Deceased Ever in U. S. Armed Forces? Yes, no arunknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
No No	213073385	Tarord.	- Hospital	
1B. 4 2 0 1 I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pu	Lumarery	o dema	-11 days
(This daes not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO N	morardici	Vos pulm	intaration =
injury ar camplication which coused death.)	Q)	has tino	Heat La	il de la continue de
ANTECEDENT CAUSES	(B) DUE TO	of the	1000	4
DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoting the	(c) a	teris er len	itie heart	deresse
UNDERLYING CONDITION 1051.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Drueme	rutes. m	lucrau	emplusema
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		20 A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FILL	NDING CONSIDERED
		No		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING 21B, hom etc.	PLACE OF INJURY (e.g., in e, form, foctory, street, officers)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locationt
₩ OF INJURY	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	Not While		1 0	100
22. I certify that (1) (this haspital) attended to	ne deceased from	9/18	1967 10 9	129 1967
that (1) (we) lost sow the deceased olive an	2139			n death accurred on the dat
and haur and from the causes stated above. (I) ((Ve) (did) (dld nat) vie	ew the bady after death.		
Alcto Helici	M.D. Atten	ding Med. Director	Staff Phys.	9/29/67
23C. PHYSCIAN'S NAME (Type)		D. ADDRESS		
HECTOR L FELL		Franklin Squar		
REMOVAL (Specify)	ME of CEMETERY or CREA		2012	lown, or county! (Stole)
	Air Memorial	25C. FUNERAL DIRECTO		ir, Maryland
25A. DATO CT 5 HEALTH DEPT. 25B. NAME C	Fallouna -			ve. Dundalk, Md.
VS 150-REV. 1/1/65		9 5 2 9		



0'540	BALTIMORE CITY	HEALTH DEPARTMENT		67 9509
BIRTH NO. 67 9	509 CERTIFICA	TE OF DEATH	Registered Na.	07 0000
VILE CASE NO.	MICHARL-TITR.		HOUR OF DEATH	
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceosed lived. If i	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institut address or location)	ion, give street	MATERIAN D		RURAL and give township)
INSTITUTION SINAI HOSPITAL	OF BALTIMON	11	·	28.07
42,	INC	D. STREET ADDRESS (If	rural, give location)	,
		3001 MILH	FORD AVE	· #7
WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH TEINE 25th 1912	9. AGE (In years lost birthdoy) 55 fears.	If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KINI		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		NEW YORK	K	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		C1. 3 17.
Mala I Tall		ν		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, ng or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	INFORMANT	2, //	ADDRESS
100	017-01-3472	- GRACE O	Neill .	JAME
1B. 61, OI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11-00		
(This does not mean the mode of dying,	e.g., DUE TO	HEPATIC FA	PILURE	DUETO
heart failure, osthenio, etc. Il means the dise		CIPPHOSIS	LIVER	
injury or complication which coused death.)	(B)	-///-/		
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, gir				
UNDERLYING CONDITION last.	lhe (C)	** 00000* 00000 000000000 00 000 00 000 00		
II				199
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	INE			
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., i home, tarm, toctory, street, o etc.)	n or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exect locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this haspital) attend	1	. 1.	10/~ 4-	10/4 1967
that (I) (we) last sow the deceased glive			at in (my) (aur) op	inion deorn accurred an the date
and haur and fram the causes stated above	e. (I) (We) (did) (dld not) v	riew the body after death.		Land Charles allowers
23A. SIGNATURE	M.D. Att	ending Med.	Stoff	23B. DATE SIGNED
X10, +/	Phy	s. Director	Phy s.	10/4/67
23C. PHYSICIAN'S TO NAME (Type) ARSHAD SH	REED M.D.	SINAL HOSPI	TAL BAL-	TIMORE
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	City, town, or countyt (State)
REMOVAL (Specify)	Now Pallacia	1 Com to	Rall	M
SA. PAPERE OD BY MEALTH DEPT. 258 ON A	TE OF REGISTRAR	25C. FUNERAL DIRECTOR	CHATT	ADDRESS
001 9 196/ (P. C. O. E.	Janky MAR	tolkows 211	Jompson	the I hook the
s 150-REV. 1/1/65	No. Co. No.	PIDWOKKNI	IN MINICOST	THE TOTAL DESTY HONE



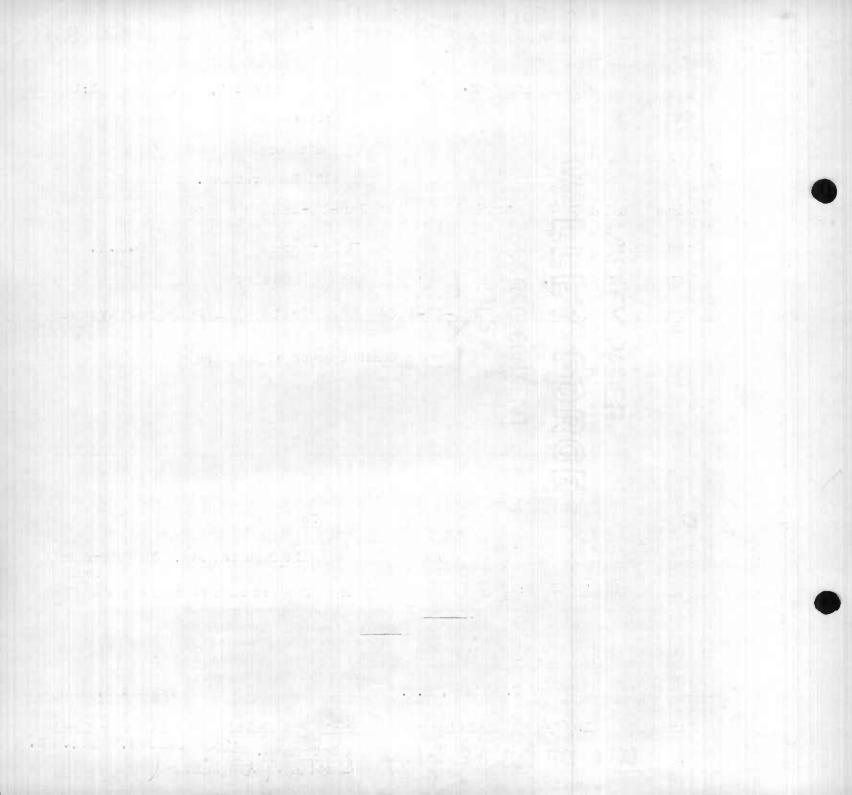
RTH NO.			10 CERTIFICA			
NAME OF DE	CEASED	-		2. DATE AN	ID HOUR OF DEAT	Н
ype or Print)	LIZABETH	LEIDN	60	Sept	. 30 67	6:00
	ATH IN BALTIMORE, MA		012	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admis
				A. STATE B. COUN	ITY	
FULL NAME (or institution,	give sheet	C. CITY OR TOWN (If out		BURAL
NOITUTITZNI				Balumore	iside city limits, will	e RURAL and give to warship!
5	11 . 1 .				rural, give location)	0/0
Church	Home & Horgi	tal				
SEX	6. RACE	7 AAABBIED	, NEVER MARRIED		r ave.	
	white	WIDOWE	D, DIVORCED (specify)	0 00	9. AGE (In years lost birthday)	Months Doys Hours M
Ŧ			idowed	V /	73	
	CUPATION (Give kind of work working life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
	etps.		_	marylan	-de	
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA		
Ban	iel (unk	nown)		marie &	27000	
	d Ever in U. S. Armed Fo	_	1 6. SOCIAL	17 INFORMANT	ercyaca	ADDRESS 1101 Wather Ox
es, no or unknow	n) (If yes, give war or dat	les of service)	SECURITY NO.	Se . D .		1101 1, Lacker
				Gora Jei	dner '	actioner Co
1B.	4.1		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	IRECTLY				ONSET AND DEATH
	LEADING TO DEATH			the second secon		
	LEADING TO DEATH		(A) Cer	ebral embolis.	72~	
	not mean the mode of	f dying, e.g.,	(A) Cer	ebral embolis	<u>~</u>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
heart failure,		f dying, e.g., s the diseose	,			
heart failure,	not meon the mode of osthenia, etc. It meons	f dying, e.g., s the diseose, d deoth.)	,			
heort foilure, injury or con	not meon the mode of osthenia, etc. It meons mplication which caused ANTECEDENT CAUSES	f dying, e.g., s the diseose d deoth.) S	(B) Con	ebral embolis.		
heort foilure, injury or con DISEASES rise to the	not meen the mode of osthenia, etc. It meens mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	f dying, e.g., s the diseose d deoth.) S ony, giving	(B) Con	ogstim Heart F	ailur elv	reme
heori foilure, injury or con DISEASES rise to the	not meen the mode of osthenia, etc. It meens mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	f dying, e.g., s the diseose d deoth.) S ony, giving	(B) Con	ogstim Heart F	ailur elv	
heart failure, injury or con	not meen the mode of osthenia, etc. It meens mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost.	f dying, e.g., s the diseose, d deoth.) S ony, giving stating the	(8) Con	ogstim Heart F	ailur elv	reme
DISEASES rise Io Ih UN DERLYIN	not meen the mode of osthenia, etc. It meens mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	f dying, e.g., s the disease, d death.) S ony, giving stating the	(B) Com DUE TO (C)	ogstim Heart F	ailur elv	reme
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE COURSES OR	nol meon the mode of osthenia, etc. It meons mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (CAUSING CONDITIONS (CAUSING CONDITION CAUSING CONDITION CAUSING	f dying, e.g., s the disease d deoth.) S ony, giving stating the	(B) Conduction (C)	ogstim Heart F	ailus elu	rome
DISEASES rise Io Ih UN DERLYIN OTHER SIGN TO THE C DISEASE OR 19A. DATE O	not meen the mode of osthenia, etc. It meens implication which caused ANTECEDENT CAUSES OR CONDITIONS, if it above cause (A) G CONDITION lost. Illicant conditions (DEATH BUT NOT REL. CONDITION CAUSING FOPERATION 198. CON	f dying, e.g., s the disease d deoth.) S ony, giving stating the	(B) Conduction (C)	ogstim Heart F	ailing alu	rome
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CO DISEASE OR 19 A. DATE O	nol meon the mode of osthenia, etc. It meons implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (DEATH BUT NOT REL. CONDITION CAUSING FOPERATION 198. CONWAS PER	f dying, e.g., s the disease d deoth.) S ony, giving stating the CONTRIBUTIN ATED TO THIT. IT. REFORMED	(B) Con DUE TO (C)	20A. AUTOPSY? (Yes or No	208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASES rise Io Ih UN DERLYIN OTHER SIGN TO THE C DISEASE OR 19A. DATE O 2TA. A CCIDE OR CONTRIB	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (DEATH BUT NOT RELICONDITION CAUSING FOPERATION 198. CONWAS PER INT WAS UNDERLYING CAUSE OF CAUSE OF	f dying, e.g., s the disease, d deoth.) S ony, giving stating the CONTRIBUTINATED TO THIS TO THIS NOTION FOR REFORMED	(B) Con DUE TO (C)	ogstim Heart F	208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASES rise Io Ih UN DERLYIN OTHER SIGN TO THE C DISEASE OR 19A. DATE O 2TA. A CCIDE OR CONTRIB	nol meon the mode of osthenia, etc. It meons implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is abave cause (A) is condition to conditions (A) in the condition of the condition	f dying, e.g., s the disease, d death.) S ony, giving stating the CONTRIBUTINATED TO THIT. NOTITION FOR REFORMED	(B) Con DUE TO (C)	20A. AUTOPSY? (Yes or No	208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASES rise Io Ih UN DERLYIN OTHER SIGN TO THE C DISEASE OR 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notification)	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (DEATH BUT NOT RELICONDITION CAUSING FOPERATION 198. CONWAS PER INT WAS UNDERLYING CAUSE OF CAUSE OF	f dying, e.g., s the disease, d deoth.) S ony, giving stating the CONTRIBUTINATED TO THIT. NOTITION FOR REFORMED 216 hor etc	(B) Con DUE TO (C)	20A. AUTOPSY? (Yes or No	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASES rise Io Ih UN DERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE O 2TA. A CCIDE OR CONTRIB DEATH (notif	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions DEATH BUT NOT REL. CONDITION CAUSING F OPERATION 198. CONWAS PER INT WAS UNDERLYING UTING CAUSE OF y medical examines)	f dying, e.g., s the disease, d death.) S ony, giving stating the CONTRIBUTIN ATED TO THIT. NOTITION FOR REFORMED (Hour) 21E	(B) DUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of ne, foctory).	20A. AUTOPSY? (Yes of No n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASES rise Io Ih UN DERLYIN OTHER SIGN TO THE C DISEASE OR 19A-DATE O 21A-ACCIDE OR CONTRIB DEATH (notification) 21D-TIME OF INJURY (APPROX.)	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (DEATH BUT NOT REL. CONDITION CAUSING FOPERATION 198. CONWAS PER INT WAS UNDERLYING UTING CAUSE OF y medical examines)	f dying, e.g., s the disease, d death.) S ony, giving stating the CONTRIBUTIN ATED TO THIT. NOTITION FOR REFORMED (Hour) 21E Will Will Will Will Will Will Will Wil	(B) DUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in the property of the pr	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID fice bidg., INJURY OCCUR?	208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTROL OF CONTRIB DEATH (notification of the Control of the	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is abave cause (A) i	f dying, e.g., s the disease, d death.) S ony, giving stating the CONTRIBUTIN ATED TO THIT. NODITION FOR REFORMED (Hour) 21E Will Water and the control of the control o	WHICH OPERATION B. PLACE OF INJURY (e.g., ir ne, form, foctory, street, of J.) E. INJURY OCCURRED hile At Work	20A. AUTOPSY? (Yes of No n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJ	208. IF YES, WER IN CERTIFYING OF TO STATE	E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location)
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTROL OF CONTRIB DEATH (notification of the Control of the	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (DEATH BUT NOT REL. CONDITION CAUSING FOPERATION 198. CONWAS PER INT WAS UNDERLYING UTING CAUSE OF y medical examines)	f dying, e.g., s the disease, d death.) S ony, giving stating the CONTRIBUTIN ATED TO THIT. NODITION FOR REFORMED (Hour) 21E Will Water and the control of the control o	WHICH OPERATION B. PLACE OF INJURY (e.g., ir ne, form, foctory, street, of J.) E. INJURY OCCURRED hile At Work	20A. AUTOPSY? (Yes of No n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJ	208. IF YES, WER IN CERTIFYING OF TO STATE	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTRIBUTION DISEASE OR 19A-DATE OF CONTRIBUTION 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (DEATH BUT NOT RELECONDITION CAUSING FOPERATION 198. CONDITION CAUSING FOPERATION CAUSE OF y medical examines) (Month) (Doy) (Year) That (1) (this haspital) last saw the decease.	f dying, e.g., s the disease d death.) S ony, giving stating the CONTRIBUTIN ATED TO THIT. NOTION FOR REFORMED (Hour) 21E WW. W. will) attended to dead alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., in the foctory, street, of the last of the last of the last of the deceased from the last of the deceased from the last of the last	20A. AUTOPSY? (Yes of No n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJ	208. IF YES, WER IN CERTIFYING OF TO STATE	E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location)
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTRIBUTION 19A. DATE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and haur and against the state of	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (DEATH BUT NOT RELECTION OF CONDITION CAUSING FOPERATION OF CAUSING FOPERATION OF CAUSE OF CONDITION (Mass Per Mass Condition) (Month) (Doy) (Year) That (1) (this haspita of the causes stature)	f dying, e.g., s the disease, d deoth.) S ony, giving stating the CONTRIBUTIN ATED TO THIT. NOTION FOR REFORMED (Hour) 21E With the control of the cont	WHICH OPERATION B. PLACE OF INJURY (e.g., in the foctory, street, of the last of the last of the deceased from the last of the deceased from the last of the deceased from the last of the deceased from the deceased from the deceased from the last of the deceased from the last of the deceased from the last of th	20A. AUTOPSY? (Yes of No nor obout 21C. WHERE DID injury occur? 21F. HOW DID INJue Rept 30	208. IF YES, WER IN CERTIFYING OF TO STATE	E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location)
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTRIBUTION 19A. DATE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and haur and against the state of	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (DEATH BUT NOT RELECTION OF CONDITION CAUSING FOPERATION OF CAUSING FOPERATION OF CAUSE OF CONDITION (Mass Per Mass Condition) (Month) (Doy) (Year) That (1) (this haspita of the causes stature)	f dying, e.g., s the disease, d deoth.) S ony, giving stating the CONTRIBUTIN ATED TO THIT. NOTION FOR REFORMED (Hour) 21E With the control of the cont	WHICH OPERATION B. PLACE OF INJURY (e.g., in the foctory, street, of the last of the last of the deceased from the last of the deceased from the last of the deceased from the last of the deceased from the deceased from the deceased from the last of the deceased from the last of the deceased from the last of th	20A. AUTOPSY? (Yes or No nor about 21C. WHERE DID find bldg., INJURY OCCUR? 21F. HOW DID INJue 19 67 and the liew the bady after death.	208. IF YES, WER IN CERTIFYING COUR? URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 19 6 plnian death accurred an the
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTRIB DISEASE OR OTHER SIGN TO THE CONTRIB OF INJURY (APPROX.) 22. I certify that (I) (we and hour an 23A. SIGNAT!	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. IIIIICANT CONDITIONS DEATH BUT NOT RELICONDITION CAUSING FOPERATION 198. CONDITION CAUSING (Month) (Day) (Year) (Month) (Day) (Year) That (I) (this haspital) last saw the deceased from the causes stature.	f dying, e.g., s the disease, d deoth.) S ony, giving stating the CONTRIBUTIN ATED TO THIT. NOTION FOR REFORMED (Hour) 21E With the control of the cont	B. PLACE OF INJURY (e.g., ir ne, form, foctory, street, of At Work the deceased from	20A. AUTOPSY? (Yes of No nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 C7 and the iew the body after death.	208. IF YES, WER IN CERTIFYING OF TO STATE	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 19 6 plnian death accurred an the
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTROL DISEASE OR 19A-DATE OF THE CONTROL 21A. ACCIDE OR CONTROL DEATH (notification) 22. I certify that (1) (we and haur and 23A. SIGNATION) 23C. PHYSICIA NAME (nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION to the country of the condition of th	f dying, e.g., s the disease, d death.) S ony, giving stating the CONTRIBUTINATED TO THIT. NOTITION FOR REFORMED (Hour) 21E WW. W.	WHICH OPERATION B. PLACE OF INJURY (e.g., in the foctory, street, of the last of the deceased from th	20A. AUTOPSY? (Yes or No nor about 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJue 19 67 and the iew the bady after death.	208. IF YES, WER IN CERTIFYING COUR? URY OCCUR? 19 (af ta	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) Plinian death accurred an the 23B. DATE SIGNED Sept. 30 67
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTRIBUTION IPA. DATE OF TOTAL ACCIDE OR CONTRIBUTION 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and haur and 23A. SIGNATION 23C. PHYSICIA NAME (CONTRIBUTION)	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) GONDITION to the cause (A) GONDITION TO THE CONDITION CAUSING FOPERATION 198. CON WAS PER INT WAS UNDERLYING CAUSE OF y medical examines (Month) (Day) (Year) (Month) (Day) (Year) (That (1) (this haspital) last saw the deceased from the causes stature (ANTS Type) ZAZON Z. VE	d dying, e.g., s the disease, d deoth.) Sony, giving stating the CONTRIBUTIN ATED TO THIT. NOTION FOR REFORMED (Hour) 21E WW. Will) attended the dalive an ated abave. (Ver g are	DUE TO (C) (C) (C) (C) (C) (C) (C) (C	20A. AUTOPSY? (Yes or No 1 or about 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ E 19 67 and the iew the bady after death. Inding Med. S. Director 223D. ADDRESS Church Home Joo 2. Broad	208. IF YES, WER IN CERTIFYING CO. (If in Boltim URY OCCUR? 19 (af ta	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) Plinian death accurred an the 23B. DATE SIGNED Sept. 30 67
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTRIBUTION IPA. DATE OF TOTAL ACCIDE OR CONTRIBUTION 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and haur and 23A. SIGNATION 23C. PHYSICIA NAME (CONTRIBUTION)	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) GONDITION Inst. Illificant conditions (AUSING CONDITION CAUSING CONDITION CAUSING FOPERATION 198. CONDITION CAUSING (Manth) (Day) (Year) (Month) (Day) (Year)	d dying, e.g., s the disease, d deoth.) Sony, giving stating the CONTRIBUTIN ATED TO THIT. NOTION FOR REFORMED (Hour) 21E WW. Will) attended the dalive an ated abave. (Ver g are	WHICH OPERATION B. PLACE OF INJURY (e.g., in the foctory, street, of the last of the deceased from th	20A. AUTOPSY? (Yes or No 1 or about 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ E 19 67 and the iew the bady after death. Inding Med. S. Director 223D. ADDRESS Church Home Joo 2. Broad	208. IF YES, WER IN CERTIFYING CO. (If in Boltim URY OCCUR? 19 (af ta 8 at in (my) (aur) april 19 at in (my) (aur) apri	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) Plinian death accurred an the 23B. DATE SIGNED Sept. 30 67
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE CONTRIB DISEASE OR 19A. DATE O 27A. ACCIDE OR CONTRIB DEATH (notification of the contribution of the contributi	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) GONDITION Included the condition of the condition	d dying, e.g., s the disease, d death.) Sony, giving stating the stating the contribution for the contribution fo	B. PLACE OF INJURY (e.g., ir nee, form, foctory, street, of the deceased from the de	20A. AUTOPSY? (Yes of No nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID injury occur.	20B. IF YES, WER IN CERTIFYING CO. (If in Boltim URY OCCUR? 25 toff (my) (aur) a Stoff Phys. (S. C. Hospita C. Hospita C. Hospita C. CATTON	E FINDINGS CONSIDERED AUSES OF DEATH? ORE City, give exact location) 19 6 plnian death accurred an the 23B. DATE SIGNED Syrt. 30 69 Labermon Margla City, town, as Edunty) (Ste
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE CONTRIB OTHER SIGN TO THE CONTRIB OF INJURY (APPROX.) 22. I certify that (I) (we and hour an 23A. SIGNATI 23C. PHYSICIA NAME (** EMOVAL (** Burial Cre REMOVAL (**)	nol meon the mode of osthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. Illificant conditions (DEATH BUT NOT RELECTION OF CONDITION CAUSING FOPERATION OF CAUSING FOPERATION OF CAUSE OF CONDITION (DO) (Year) INT WAS UNDERLYING UTING CAUSE OF CONDITION (DO) (Year) (Month) (Doy) (Year) ANTE (Devator Z. Maris Type) CAUSE (CAUSE) ANTS Type)	d dying, e.g., s the disease, d deoth.) Sony, giving stating the CONTRIBUTIN ATED TO THIT. IT. IDITION FOR REFORMED (Hour) 21E With with a divergence of the ded a divergence of the december of the dece	DUE TO (C) (C) (C) (C) (C) (C) (C) (C	20A. AUTOPSY? (Yes of No nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID injury occur.	208. IF YES, WER IN CERTIFYING CO. (If in Boltim URY OCCUR? 25 to 1 (my) (aur) a co. 25 toff Phys. 25 co. 45 prita co.	E FINDINGS CONSIDERED AUSES OF DEATH? ORE City, give exact location) 19 6 plnian death accurred an the 23B. DATE SIGNED Syrt. 30 69 Labermon Margla City, town, as Edunty) (Ste



BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 9511

BIKIH NO.	MED	CAL EXA	MILLATIVO	LKIIICA	IL OI	DEATTINEGIS	leied Hor	4 4011
M.E. CASE NO.								
1. NAME OF D						D HOUR PRONOUN	ICED DEAD	
3. PLACE IN BA	4. USUAL RESI	Octob DENCE (Where	deceased lived. If in		dence before odinission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TO	Vland OWN (If outside	le corporote limits, w	rite RURAL o	nd give towaship)	
Sinai Hospital			D. STREET ADI			1)	10	
5. SEX	SEX 6. RACE 7. MARRIED. NEVER MARRIED			B. DATE OF BIR	Penhur	9. AGE (In year	rs If Unde	r 1 Yr, If Under 24 Hrs.
Male	ale Colored Married		Jan-11	-1928	lost birthdoyl 39		Doys Hours Min.	
	CUPATION (Give kind of work f working life, even if retired)	10B. KIND OF BU	SINESS OR INDUSTR	RY 11. BIRTHPLACE	(Stote or forei	gn country)	12. CITIZ WHA	EN OF AT COUNTRY?
Gewern 13. FATHER'S NA	ent			Balti 14. MOTHER'S 7	more		U.S	.A.
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAM	E		
	Butts Sr.		SOCIAL SECURITY NO.	Rosa 17. INFORMANT	Butl	er	ADDRES	S
Yes	Korean	22	3-32-1644	4 Mary	Butts	4121 Penh	urst.	Avenue
1B.	7/7.		CAUS	E OF DEATH				INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY						ONSET AND DEATH
	LEADING TO DEATH		(A)	ınshot wou	and of t	he head		-•00na.0000n.n00000000.000000000
heort foilu	re, osthenio, etc. It meons complication which caused	the disease,	DUE TO					
	ANTECEDENT CAUSE	S	(2)					
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO					
UNDERLY	ING CONDITION LAST.	IAIII THE	400					
S			(С)					
O THE	II GNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE						
19A, DATE O	OF OPERATION 19B. CON WAS PER	IDITION FOR WHI	CH OPERATION			208. IF YES, WERE		
ZIA. EXTERN	AL CAUSE WAS	21B. PLA	CE OF INJURY (e.g.,		WHERE DID	(If in Boltimore City.	nive exact I	ocotion)
O UNDERLYING	OXOR CONTRIB-	home, fo	orm, foctory, street,	office bldg., INJU	RY OCCUR?			
Z 21 D TIME		1 (11 - 1 2) 5	Home		121 Pen	hurst Ave.	2nd f	loor front
OF INJURY	(Month) (Doy) (Yeo			WHILE WHILE	TOW DID INT	OK! OCCOR!	b	edroom
	10 2 67	6:15 m. WHII	K AT V	WORK X	Subject	shot hims	elf	15-10
22. I ce	ertify that I held an	nquiry 🗌 🔝 Ir	spection X A	utopsy a	nd that an th	is basis, death in	ny opinia	n
res	ulted from: Natural co	uses Acci	dent Suici	de X Hamie	cide 🗌	Undetermined mai	nner 🗌	
ACTU	AL SET.	111				KAMINER		DATE SIGNED
SIGNA		c 77 00 1	M.I	ASSISTANT				
	INER'S (Type) Fdwa:	ad E Uila	an M D	ASSOCIATE	MEDICAL E		latah am	2 1067
23A, BURIAL CI	Dana.	rd F. Wils	AME of CEMETERY	or CREMATORY	23 D. I		ity, town, or	3, 1967 county) (Stote)
REMOVAL (Spec		67 Bal	timore Na	tional	Ba.	ltimore (lity M	arvl and
24A. DATE REC'	D BY HEALTH DEPT.	24B. NAME OF	REGISTRAR	24C. FUNE	RAL DIRECTO	wilcon 10	13 W	Balto. St.
	OCT 5 1967	Robert	2. Farbura	Stet	son D.	miles		
VS 151-REV. 1/	1/65 \ 85	6740	100	005	3 2	-		



VS 150-REV. 1/1/65

LYES IN . or Lat. . no. 1 . that I be seen

amount of the delicare . artinocelarded Carthogranento, " rigradial Syland June 6?

VS 150-REV. 1/1/65

BIRTH NO.	6'	7 951	4	ATE OF DEA		67 9514
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	WILHEL WILLEL	M J. BE	SHL	2.	Date and Hour of Deat October 3, 1967	111
	ATH IN BALTIMORE, MA			4. USUAL RESIDE A. STATE	NCE (Where deceased lived. If B. COUNTY	institution: residence before admis
HOSPITAL OR	oddress or locotio	or institution, grv	e street	C. CITY OR TOWN	(If outside city limits, write Baltimore	e RURAL ond give township)
33	Johns Hopkin	ns Hospita	al	D. STREET ADDRE		0 0
5. SEX	6. RACE		EVER MARRIED DIVORCED (specify)	Sept. 11,	1900. 9. AGE (In years lost birthdoy) 67	If Under 1 Yr. If Under 24 Months Doys Hours Mi
done during most of	UPATION (Give kind of wor working life, even if retired) Electrician		usiness or industi t Marine			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	August Bi	ehl		14. MOTHER'S MA	Anna S	Suss
	d Ever in U. S. Armed Fo	es of service)	6. SOCIAL SECURITY NO. 212-16-4883	Mrs. Kath	erine Biehl	(Same)
DISEASES	oshenio, etc. It meons mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if se obove couse (A) G CONDITION lost.	d deoth.) ony, giving	(B) DUE TO	Physlev Carray	worfleery	year Zyr
TO THE D	DEATH BUT NOT REL. CONDITION CAUSING F OPERATION 198. CONWAS PER	ATED TO THE	IICH OPERATION	20 A. AUTOPSY?	(Yes or No) 208, IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	21 B. Pt home, etc.)	ACE OF INJURY (e.g. form, foctory, street,	, in or about 21 C. WHE office bldg., INJURY C	RE DID (If in Baltim	nore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. II While Wark	AI Not W	hile [V DID INJURY OCCUR?	***************************************
that (I) (we	y that (I) (this hospita) last saw the deceas ad fram the causes sta	ed alive an	august	9 1,967		clfly 3 19 6
23A. SIGNAT	ellen Z-	Reamy	M.D. A	ttending Me		238. DATE SIGNED 16-4-67
24A. BURIAL CRE	EMATION, 24B. DATE (Specify)		M.I CEMETERY OF C	REMATORY		(City, town, or county) (Sto
Burial 25A. DATE REC'E	10/6/6 BY HEALTH DEPT.	258. NAME OF		25C. FUNERAL	Baltimore DIRECTOR J. Ruck, Inc. Ba	ADDRESS

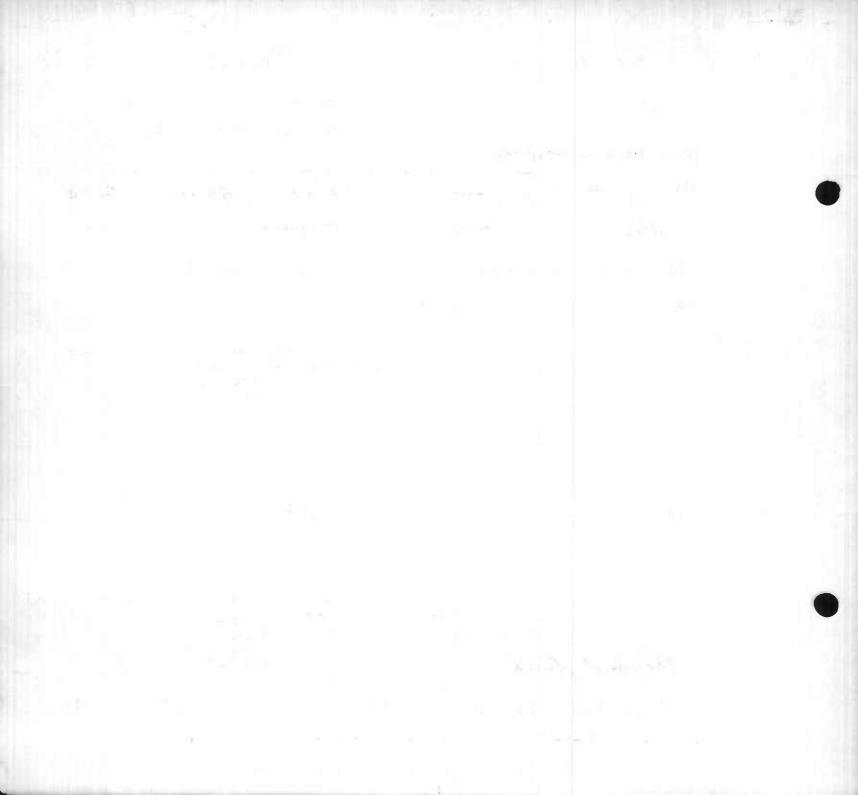
Model Empes . I fill

TOTAL TREE PLANT ALC: NOTE

Company of the Compan

The state of the s

BIRTH NO. 67 9515 CEDTIEIC	SATE OF DEATH Registered No. 67 9515
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) Mrs. ELSIE V. Reed	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
S. FLACE OF DEATH IN BALLIMON, MARILAND	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	maryland Cecilio,
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
FRON Secours Hospital	D. STREET ADDRESS (If rurol, give location)
BON SECOUTS MOSPILLE	Rd 5 EIKTON, Md.
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	4/1 / (Oct lost birthday) Months Doys Hours Min,
Emale White Marnied A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS.)	TRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF
one during most of working life, even it retired)	WHAT COUNTRY?
Housewife Home	Ad. U.S.A.
FAIREKS NAME	14. MOTHER'S MAIDEN NAME
Geo. W. Hammond	ELSIC May Boyen
S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT
No 217-10-99	10 He hart & Park 5 14 5
18. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	rome Rend tarluw
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	0
ANTECEDENT CAUSES (B)	me glomerelo Negetiti
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove cause (A) stoting the (C) UNDERLYING CONDITION lost,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect locohon) office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	The stage of the s
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX)	Vhile _
Work At W	/
22. I certify that (I) (this hospital) attended the deceased fram	9/19 1967 10 10/4 1967
	27 19 6.7 and that In(my) (our) apinion death occurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
Re/mavous M.D.	Altending Med. Stoff Phys. X 10/4/67
23C. PHYSICIAN'S NAME (Type) CESAR A. BRAVOM.	23D. ADDRESS
CESAR A. BRAVOM.	o. Bon fecour Hospital
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Removal (Specify)	mothelist North F. +
5A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR DE ADORESS
OCT 6 1967 Robert & Farbur	To I fall With the
\$ 150-REV. 1/1/65	man seneral work nountly



VS 150-REV. 1/1/65

IMPORTANI DIRECTOR: FUNERAL BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution; resident Uf outside city limits, write RURAL and give lowns If Under 1 Yr. Months: Doys If Under 24 His. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Boltimore City, give exact location) and that in (my) (our) apinian death accurred on the date 238, DATE SIGNED

ADDRESS





IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Hargemen Maryland Comme Kappy BAS TONERS 5008 Yorkway Married 04 CUREO And the margine destroyed Tange Harelack Dang Done 206-52-1864 0/2 Caremanica Robertowanium alient dillow - colle ONA 64-5-16

9 -2 BIRTH NO. 67 9521 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registreed No. 67 9521

M.E	CASE NO.							N		
1. 1	NAME OF DEC	CEASED				2. DATE A	ND HOUR PRONOL	NCED DEAD		
ttyp	e or Print)	CHA	RLES QU	ICK (E.) Sr.		Oct	ober 3, 19	67	3:45	T) A4
3. P	LACE IN BALT	IMORE, MARYLAND,			4. USUAL RESID	DENCE (Whe	re deceased lived. If	institution: res		odmission)
FUL	L NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	A. STATE		yland	COUNTY	Dalle	his
INS	TITUTION	ADDRESS OR LOC	A IION)						dia give lovins	mp,
4) St.	Agnes Hospi	tal				ce County Z	one	03	00
7.					5913	Oueen	Anne St.			
5. S	EX	6, RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	гн	9. AGE (In ye	ors If Unde	er 1 Yr. If Unde	
	Male	White	Marrie	d	May 17,1		50			1
		UPATION (Give kind of wo working life, even if retired		BUSINESS OR INDUSTR			eign country)		ZEN OF AT COUNTRY?	
	Mechani	C	Balto.	Transit Co.	Balto. M			υ.	S. A.	
13. [ATHER'S NAM	A E			14. MOTHER'S M	AAIDEN NA	ME			
	C	harles H. Qu	ick		Gertrud	le Hisk	У			
		D EVER IN U.S. ARM		16. SO CIAL	17. INFORMANT			ADDRES	ss wa	21207
	No	(If yes, give wor or do	tes of services	SECURITY NO.	Man Don	d o M	Queck 5913	Aroon A		
_	18.			219-03-1381	OF DEATH	18 Pi	Summer 1917	Snaem VI	INTERVAL B	
	10.	195 1 / I		CAUSI	OF DEATH				ONSET AND	
	DISEA	SE OR CONDITION								
Н		LEADING TO DEAT		(A)	Arteriosc	leroti	c Cardiova	scular		
	(this does not meen the mode of dying e.g., heart failure, asthenio, etc. It means the discose,									
	injury or cor	mplication which coused	deoth.)							
	Δ.	ANTECEDENT CAUS	ES							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO									
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
7	UNDERLITE	NG CONDITION LAST	•	(C)						
ō				, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AT	OTHER SIGI	II NIFICANT CONDITION	CONTRIBUTION	16						
0	TO THE	DEATH BUT NOT R	ELATED TO T							
E		R CONDITION CAUSIN							1	
CERTIFICATION	19A. DATE OF	OPERATION 198, CO	REFORMED	WHICH OPERATION	20 A. AUTOPS	Y? (Yes or N	o) 20B. IF YES, WER			
	21					Yes		2.5		
V	21 A. EXTERNA UNDERLYING	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21C.	WHERE DID	(If in Boltimore Cit	, give exact	locotion)	
MEDICA		SE OF DEATH.	etc.)	, louin, locioty, strong	5110 Stage, 1143 G K	occor.				
Σ	21D TIME	(Month) (Doy) (Ye	or) (Hour) 2	1E. INJURY OCCURRED	21 F H	OW DID IN	JURY OCCUR?			
	OF INJURY	(Aviolilla) (Doy) (10				OW DID II	JORI OCCOR.			
	(APPROX.)		m. V	VHILE AT NOT	WHILE O					
	22.	tify that I held on	Inquiry _	Inspection Au	topsy X on	d shas an	this bosis, deoth	la au aniai.		
								r-1	оп	
	resul	ted from: Natural c	auses A A	ccident Suicid	e Homic	ide	Undetermined m	onner		
		2)	11	1	CHIEF	EDICAL	EXAMINER		0.75.0	CHED
	ACTUAL		YHN	112- "	ASSISTANT M	EDICAL	EXAMINER		DATE SI	GNED
н	SIGNAT		v e '	M. U	•		and the same of th			
	NAME (ard F Wi	lson, M.D.	ASSUCIATE	MEDICAL	EXAMINER	0-4-1	. / 100	-
23A	BURIAL CRE	MATION. 238, DATE		C, NAME of CEMETERY	CREMATORY	123 D	LOCATION	City, town, or	r 4, 196	(Stote)
	AOVAL (Specify		23	The state of the s		200		,,, 01	-34	
	Burial	Oct. 6	, 1967 I	oudon Park Ce	m.	Ba	lto. Md.			
24A		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER				ADDRESS	
		OCT 6 1967	RO. B	E. Farbuma						2 2 4
			Thousand	a) depend,	G. Ti	ruman S	chwab 3512	Frederi	CK Ave.	Balto.
VS	1S1-REV. 1/1/	65	(3)	6 1 11	0	1 6 1	, ,			

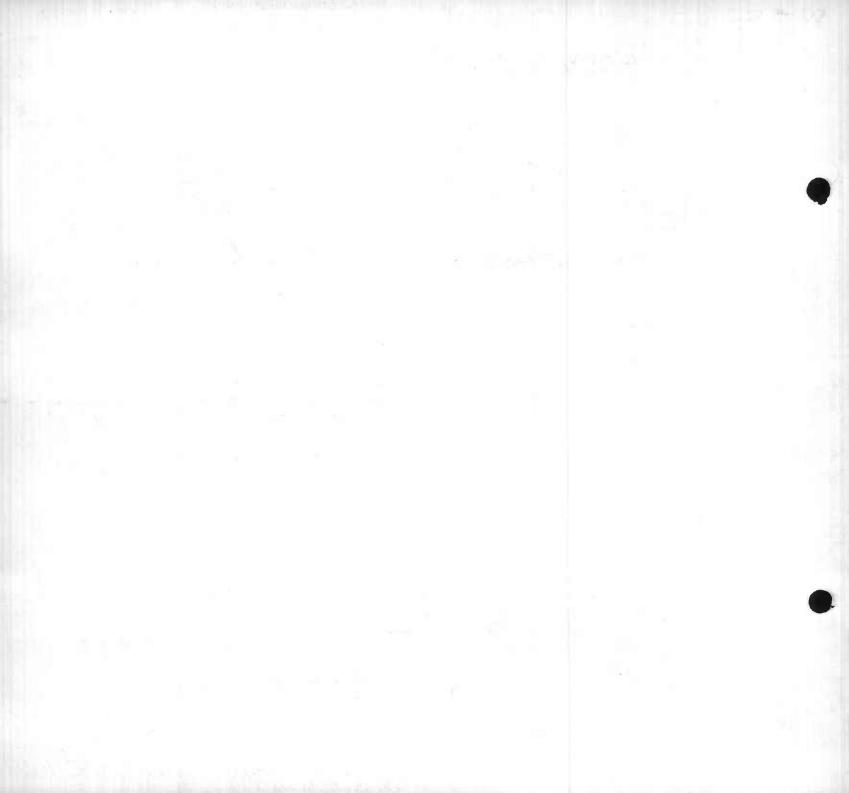
Committee of the contract of t And the season of the season o The state of the little bearing that the state of the sta The Comment States of Last, cleaning a supply of

67 9522 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9522

M.1	E CASE NO.										
1. I	NAME OF DI	CEASED				2. DATE AND HOUR PRONOUNCED DEAD					
			LOU	IS THOM	AS STREET	October 1, 1967 10:10 P. M.					P. M.
3. P	LACE IN BA	LTIMORE, MARYI	LAND, WH	ERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland					dmission)
HO	SPITAL OR		OR LOCAT	OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, wite RURAL and give township)					
INS	H Union Memorial Hospital					Ва	ltimore		10	0	/
4						D. STREET ADDI		ver Street			
5. S	EX	6. RACE			NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years		Yr. If Unde	
Male Negro WIDOWED, DIVORCED (specify) Married					ed	4-17-33		lost birthdoy) 34		Doys Hours	Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU done dyring most of working life, even if refired) Laborer				F BUSINESS OR INDUSTR	Crewe, V		country)	U.S.	T COUNTRY?		
13.1	FATHER'S NA	ME	1			14. MOTHER'S M	AIDEN NAME				
I	saac					Rose Str	eet				
		en), (If yes, give w			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES		
	res					Mrs. Mar	y Lorrai	ne Street	35 N.	Culver	St.
	18.	SIX.			CAUS	E OF DEATH		. *-		INTERVAL B	
	DISE	ASE OR CONDI		CTLY	Per	itonitis c	omplicat	ing		ONSET AND	DEATH
	(This does	LEADING TO		duina e a		bwound of	abdomen			***************************************	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)										
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO										
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								100		
Z	ONDERE	ino contino			(C)						
은											
CERTIFICATION		GNIFICANT CON DEATH BUT								1000	
E		OF OPERATION			WHICH OPERATION	DOA ALITOREY	2 (Van a. Na) 2	OB. IF YES, WERE F	INDINGS C	ONGIDERED	
CE	h _		WAS PERFO	ninal s	stabwound	Ye	s	CERTIFYING CAU	SES OF DE	ATH?	
V	UNDERLYING	CAUSE WAS		21 B, home	PLACE OF INJURY (e.g., form, factory, street,	in or obout 21C. V	WHERE DID (If	in Boltimore City, g	ive exact l	ocotion)	
MEDIC.	UTING CA	USE OF DEATH.		etc.)	sidewalk			k of N. Ca	alvert	Street	
2	21 D TIME	(Month) (Do	y) (Yeor)	(Hour) 2	TE INJURY OCCURRED		OM DID INJUR	Y OCCUR?	10.70		
	(APPROX.)	7-26-67	7 7:4	5 P. m.	WHILE AT NOT	WHILE X St	abbed by	unknown a	assail	ant	-04
	22.										
	res	ulted from: No	turol cous	ses A	Accident Suici	de Homici	de X Ur	determined monn	er 🗌		
		6	1 /	Λ		CHIEF M	EDICAL EXA	MINER _		DATE SI	CNED
	SIGNA		orle	1. 4	201 MI	ASSISTANT M	EDICAL EXA	MINER X		DATE	OITED
	EXAM		arles	S. Spi	ringate, M.D.				ctober	2, 196	7
	MOVAL (Spec	REMATION, 23B.	DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City	, town, or	county)	(Stote)
	Burial		0-5-67		Mt. Auburn Co			imore, Mar			
24/		CT 6 19			OF REGISTRAR	Marsha		nes, Jr.,	1735 1	arford 21213	Ave.
_			740		2 7 42	1 4	2 2 63				

Crown, Virginia Lukerly, sweet

M-200		ATE OF DEATH Registered No. 67 9523
deatleatleatleatleatleatleatleatleatleatl	(Type or Print) WANN, Mrs OSSA. M.	2. Date and Hour of Death 10-4-67 5:45"Am.
n a hospit g cause of iuse; (5) De rendance	FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR Oddress or location) MERCY HOSPITAL OR BALTIMORE, MD.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARY LAND. C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give accortion)
urred i ibuting ined co ular at ular at	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
or control ndeterm in reg	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRE done dyring most of working life, even if retired)	12-7-16- 10
disposi	Ward FRANK T.	14. MOTHERS MAIDEN NAME, Rowles
Ssistan the chind kind deat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	Edger M WANN Siz 3027 Elm Ave
IMPO or his a Also, if e of an nounced attendor	4-20-1	Jeule Caronary Thromboin hours.
OR: niner. iner. racture pron	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B)	Erioselerotie Heart Draease years.
DIRECT ical exam is; (3) A f ician who as in reg	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	apertensine Heart Disease years.
RAL F med medic burn bhysican w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Chalecystitis years.
FUNE the chief al by a here the to physicial by the chief and the chief	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID office bldg., INJURY OCCUR? (If in Boltimore City, give exact locotion)
ved by hospit nature ept w d (6) N	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not Will Work At Work	k 🗀
e appro d to the of any tal (exc th); and	22. I certify that (I) (this haspital) attended the deceased framthat (I) (we) lost saw the deceased alive on ond hour and from the couses stated above (I) (We) (dld) (did not)	ond that in (my) (our) opinion death occurred on the dote
must be a released to ccident of a hospital to death)	23A. SIGNATURE M.D. A.P.	ttending Med. Stoff Phys. 4 10-4-67.
certificate sody was r /s: (1) An a D.O.A. at a ased prior	23C. PSISOLAN'S NAME (Type) M.C 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of C	1111119 110 110
This certif the body shows: (1) was D.O., deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAD	rk Cem. Woodlawn Belto Co Md 256 FUNERAL DIRECTOR ADDRESS
₹ \$ ₹ \$ ₹ \$	VS 150-REV. 1/1/65	Norway Bornese In



	I NO.	27 4574	CATE OF DEATH Registered No.	67 9524				
1. N./ (Type	SMITH,	MARGARET M.	OCTOBER 3, 19	14				
C	ERTIFICAT	E AMENDED	A. STATE B. COUNTY MARYLAND BALTO COUN	TY				
	ISTITUTION	GNES HOSPITAL	C. CITY OR TOWN (If outside city limits, write BALT I MORE D. STREET ADDRESS (If rurol, give location)					
	TU		6320 DOGWOOD RD. 212	07				
	MALE WHITE	7. MARRIED, NEVER MARRIED WARRIED RCED (specify)	2-23-1907	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.				
опе	USUAL OCCUPATION (Give kind of during most of working life, even if retir IONE		Maryland	12. CITIZEN OF WHAT COUNTRY?				
3. F	John Graei		14. MOTHER'S MAIDEN NAME ANNA ?					
5. W	os Deceosed Ever in U. S. Armed	dotes of service) 16. SOCIAL SECUTITY NO.	ST. AGNES HOSPITAL RE	CORDS				
	DISEASE OR CONDITION LEADING TO DEA This does not mean the made heart failure, asthenia, etc. It me injury at camplication which cou ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION tost. 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN	S CONTRIBUTING RELATED TO THE	heumatic heard disea who failure due to A who Ken I failure drue to bot	ONSET AND DEATH				
		CONDITION FOR WHICH OPERATION PERFORMED	NO 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
0	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		.g., in or obout 21C. WHERE DID (II in Baltimor	e City, give exact location)				
MEDI	21D. TIME (Month) (Doy) (Y OF INJURY (APPROX.)							
	that (1) (we) last sow the dece	stoted obove. (I) (We) (did) (did no	3, 1967 and that In(my) (our) opi	inion death occurred on the do				
	PACE PHYSICIAN'S NAME Pypel	asallo n	ST. AGNES HOSP; CATON &					
24A.	Burial Cremation, 248. Date 10/	5/67 Woodlawn	CREMATORY 24D. LOCATION (C Baltimore	ity. lown, or county) Maryland (Stote)				
5A.	DATE REC'D IN HEALTH DEPT	7 Polse & E Labout	J.T.Stansbury 6411 Wi	ADDRESS				

. I TEMABAAN , ETTES

1 . The Tex

A24:21

THE UT ALL THAT THE

MIESU BELLV.TE

7121 . dd #00mb0a mg-

MATTER 271WW 2 A 27

BY, ASHED HOSPITA . TE

OCTOLER, LEE,

ST. AGMES HOSP; CATON & WI LIM

MANUAL SALES AND SALES AND SALES

VS 150-REV. 1/1/65

BURDETTE ARTHUR S. 10/2 1967 1888 MARYLAND BALTIMORE UNION MEMORIAL YUSP

1600. E. COLD SPRING LANGE

2/10/21 46 4

NOT KNOWN WARYLAND U.S.F.

WET KNOWN NOT KNOWN LNKNOWN CHART

10/2

1012

reconster. Il

(2) 1012 (3)

(9, 10)

UNION HERIDRIAL HOSP. BUTTING

M. K. PATURSSON

M WARRIED

VS 150-REV. 1/1/65

IMPORTANT

DIRECTOR:

FUNERAL

Maryland

(State)

If Under 24 Hrs.

USA

BIRTH I	NO. 67 9527 CERTIFIC	CATE OF DE	EATH Registered No.	01 9521
1. NAM (Type o	NE OF DECEASED		2. DATE AND HOUR OF DEATH	1 9.08
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESID	DENCE (Where deceased lived) If	institution: residence before admiss
HOS	L NAME OF (If not in haspital or institution, give street address or location)	Maryla		RURAL and give township)
	19 Maryland General Hospita	D. STREET ADD	MOVE RESS (If ruiol, give location)	32-00
1	18	5201	4- (1)	21225
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Widow)	8. DATE OF BIRT	9. AGE (In years last birthday) 72	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
	SUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU- uring most of working life, even if retired) None	M	(State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FAT	THERS NAME	14. MOTHER'S A	MAIDEN NAME	
	Kobert Gray	Laura	& Centrown)
	s Deceased Ever in U. S. Armed Fakes? or unknown! (If yes, give war ar dates of service) 218-14-397	7 Patro	ent	ADDRESS
18.	0001/1	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ardiac ar	rest	1 hr
	his does not mean the mode of dying, e.g., DUE TO port foilure, osthenio, etc. 11 means the disease,			
inj	july of complication which coused death.)	upsis second	lary to intaalodony	mal 3 days
DI	ANTECEDENT CAUSES BUE TO ISEASES OR CONDITIONS, if ony, giving	abcen	i diffus pert	mits "
IIS	se to the obove couse (A) stoling the (C) D	Lacore	to pertuate	
	II	VI H WEVE	a systemy	
ATIO			covascular dise	
19/	10-4-67 198 CONDITION FOR WHICH OPERATION WAS PERFORMED Drawnage,	4	Y? (Yes ar Na) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
	A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF home, form, foctory, streetc.) 21B. PLACE OF INJURY (characteristics)	a. in ar about 21 C. W	HERE DID (If in Baltime	ore City, give exact location)
0 211	D. TIME (Month) (Doy) (Year) (Haut) 21E. INJURY OCCURRED		OW DID INJURY OCCUR?	
< (A		While Vark		
	. I certify that (1) (this haspital) attended the deceased from		19 6. 7. to	10 -4 19 67
	ordin (we) lost sow the deceased office on			pinlon deoth occurred on the
	nd hour ond from the couses stoted obove.(1) (15) (did) (did	Pt) view the body o	itter deoth.	23B. DATE SIGNED
	Francis a. Clark 1 M.O.	Attending Phys.	Aed. Staff Phys.	10-4-67
230	C. PHYSICIANS NAME (Type) FRANCIS A. CLARK, JR	1.D. 11 E. C	01 0.	timore 21202
24A. BI	URIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF	CREMATORY	24D. LOCATION	City, town, ar county) (State
Bu	real 10/7/67 Magothey Chu	Mometery	Jacobsville	Maryland
D.AC	OCT 6 1967 P.O. 6 2 Talkery	25C. FUNERA	AL DIRECTOR RV Serge	leton of
\$ 150	0-REV. 1/1/65	Single	eton funeral Har	ne figure dune

LHUM E. (andrews)

Burne 18/2/27 Mayoling Sundbountery Takelet Takelet Sund

67 9528 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9528

M.E. CASE NO) .							
1. NAME OF (Type or Print)	DECEASED		2. DATE AND HOUR PRONOUNCED DEAD					
	WILLIAM WAT		October 4, 1967 8:36 a m.					
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decursed lived. If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO		Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
Tous	inai Hospital		D. STREET ADDRESS (If rurol, give locotion)					
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	der 1 Yr. If Under 24 Hrs.				
		WIDOWED, DIVORCED (specify)		S Doys Hours Min.				
Male	Colored	Single WORK TOB. KIND OF BUSINESS OR INDUSTR	Aug. 3, 1947 Y11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF				
done during most	of working life, even if retire	d)	WI	AT COUNTRY?				
13. FATHER'S N	dent		Baltimore, Maryland U	S.A.				
	liam E. Water	·s	Margaretta Cooper BROO	KER				
	ASED EVER IN U.S. ARM		17. INFORMANT ADDRE	SS				
No		214-44-7733	John Cooper, 4215 Reland View	Ave.				
18.	23 V.	CAUSI	E OF DEATH	INTERVAL BETWEEN				
DIS	EASE OR CONDITION	DIRECTLY	,	ONSET AND DEATH				
	LEADING TO DEA	TH Ove	rdose of Narcotics					
heart foil injury or	s does not mean the mode of dying, e.g., the foliure, osthenio, etc. It means the disease, by or complication which coused death.)							
	ANTECEDENT · CAUSES							
	ES OR CONDITIONS, I	F ANY, GIVING DUE TO		***************************************				
	THE ABOVE CAUSE (A)							
Z		(C)						
N N	11							
OTHER TO TH	SIGNIFICANT CONDITION E DEATH BUT NOT							
DISEASE	OR CONDITION CAUS	ING IT.	***************************************					
CERTICATION THER TO THE OTHER THE OTHER TO T		ONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?				
21A. EXTER	NAL CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exoct	location)				
	IG OR CONTRIB- AUSE OF DEATH.	home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?					
E 21D TIME	(Month) (Doy) ()	(eor) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?					
OF INJURY (APPROX.)		WHILE AT TO NOT	WHILE					
22.		m. WORK LAT W	VORK					
	ertify that I held an	Inquiry Inspection Au	tapsy X and that an this basis, death in my apin	lan				
re	sulted from: Natural	causes X Accident Suicid	Hamicide Undetermined manner					
	7	1:161	CHIEF MEDICAL EXAMINER	DATE SIGNED				
ACTI	ATURE S DUC	int t-Willer un	ASSISTANT MEDICAL EXAMINER	DATE STONED				
EXA	MINER'S	mou	ASSOCIATE MEDICAL EXAMINER	1067				
23A. BURIAL	REMATION, 23B. DATE	F. Wilson M.D.		er 4, 1967 (Stote)				
Burial	201	10.67 Baltimore	Maddana? D.344 W	3				
	C'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	National Baltimore, Maryla 24C. FUNERAL DIRECTOR	ADDRESS				
	DET 6 1967	1 P. D. B. E. Fallema	Charles R. Law 802 Madison Av	re.				
VS 151-REV. 1	100		0 19 1 0					

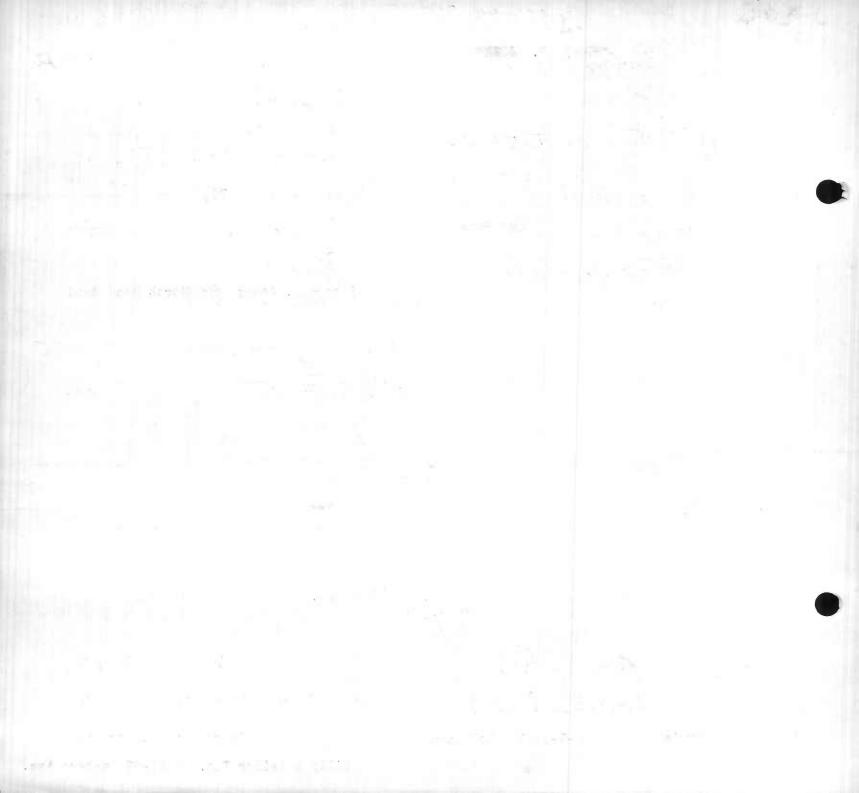
. Amed althousest the THE PARTY OF THE P 마시 내 입문 내는 것들은 모든 그리는 것이 모든 것이 모든 강성하고 있었다. Entered to the section of the sectio with the that the wall to be broken to the state of the s

M - 635 M.E. CASE

67 9529 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 9529

M.I	CASE NO.									
1. I	NAME OF DE	CEASED			2. DATE AN	D HOUR PRONOUNCE	D DEAD			
, ,		EUGENE I	MARTIN		00	tober 3, 196	67 I M.			
3. P	LACE IN BAL	TIMORE, MARYLAND,		UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before odmission)			
EIII	L NAME OF	UE NOT IN HOS	ITITZIAL OD LATIO	ITION CIVE STREET	Maryland	8. 600				
HO	SPITAL OR	ADDRESS OR LO	CATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outsid	e corporate limits, write	RUPAL and give township			
IM 2	TITUTION	Guilfox	AVE		Deltainess.		1-0.5			
1		00 6116 1			Baltimore D. STREET ADDRESS (If rurol,	give location)				
	18	UU Carintonia	ino.							
5. S	FY	6. RACE	7 AAA PRIED	NEVER MARRIED	B. DATE OF BIRTH	Barclay St.	If Under 1 Yr. If Under 24 Hrs.			
J. J		U. KAGE		DIVORCED(specify)		lost birthdoy	Months Doys Hours Min.			
	Male	Colored	Sing	le	11-5-1925	41				
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreig	n country)	12. CITIZEN OF			
oon	aboere	working life, even if retire	0)		Baltimore, Mary	land	WHAT COUNTRY?			
	FATHER'S NAM	AE			14. MOTHER'S MAIDEN NAM					
	Charle	s Martin			Roberta Walke	r				
		D EVER IN U.S. ARM		16. SOCIAL	17. INFORMANT		ADDRESS			
Yes	no or unknown	WWII	lotes of service)	SECURITY NO. 219-18-6637	Ruth McCoy - 1	08 Calverton	a Road			
	1B. , / . /	2.1.		CAUSE	OF DEATH		INTERVAL BETWEEN			
	4.4	2 X					ONSET AND DEATH			
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	77		. 1	The state of the s			
	(This does	not meon the mode	of dying, e.g.,		rtensive Arterio					
	heort foilure	, osthenio, etc. It me	ons the diseose,	0	ardiovascular Di	sease				
		injury or complication which coused death.)								
	ANTECEDENT CAUSES									
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO									
		NG CONDITION LAS					Carlotte and the second			
Z				(C)	***************************************					
음		ll ll								
S	OTHER SIG	NIFICANT CONDITION	NS CONTRIBUTII	NG			100			
CERTIFICATION		R CONDITION CAUS		HE						
ERT	19A. DATE OI	POPERATION 198. C		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED			
$\overline{\mathbf{c}}$	21	WAS	PERFORMED		VEC	IN CERTIFYING CAUS				
A	21 A. EXTERNA	L CAUSE WAS	21R	PLACE OF INJURY (e.g.,	YES	(If in Boltimore City, giv				
Ō	UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street,	ffice bldg., INJURY OCCUR?	o,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO CAUCH INCOME.			
MEDICAL	UTING - CAL	ISE OF DEATH.	etc.)							
Σ	21D TIME	(Month) (Doy) (Y	(eor) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?				
	OF INJURY (APPROX.)			WHILE AT TO NOT	WHILE					
			m. V	WORK AT W	ORK					
	22. cer	tify that I held an	Inquiry	Inspection Au	apsy X and that an th	is basis, death in m	v opinian			
	resu	resulted fram: Natural causes X Accident Suicide Homicide Undetermined monner								
		10	1/1	17	CHIEF MEDICAL EX	AMINER	DATE SIGNED			
	ACTUA SIGNAT		いったん	16- 40	ASSISTANT MEDICAL EX	CAMINER XX	DATE SIGNED			
	EXAMIN		-	m. U	ASSOCIATE MEDICAL EX	prompt				
	NAME (- \	and F U	ilson, M.D.	ASSOCIATE MEDICAL EX		robox 2 1067			
23A	BURIAL CRE	MATION. 23B. DATE		C. NAME OF CEMETERY	CREMATORY 23D. L	OCATION (City,	town, or county) (State)			
REA	AOVAL Specif	10-6-		Baltimore Na		Baltimore, 1				
-	MI TOT	Tong	-07	TOT OTHOLG MA	oronar.	rar ormore, 1	TAL J LOSSA			
244	L DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS			
		DOTE 400	7 00 6	5 E. Farber, MA	Charles R. L	aw 802 Madi	son Ave.			
		OCT 6 196	Hober) C' (mm)						
VS	151-REV. 1/1/	/65	1 0 6	1 1	A P P A					

Guilfred next THE PART AND THE PART OF THE PARTY AND THE P



death IMPORTANT DIRECTOR: FUNERAL by approved 99

BALTIMORE CITY HEALTH DEPARTMENT 30 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) and give townsh (If outside city limits, write RURAL If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimato City, give exact location) and that in(my) (our) apinian death accurred an the date 23B DATE SIGNED (State) (City, town, or county) nour VS 150-REV. 1/1/65

I - PENDING LATING bookspr LUTHERAN HOLLING 1010 H FROM AVE MAUE COLORED MARRIED Finally mountly ands Same Santa Mathem Santa ACUTE PULMBURIEN ENGINE - LE ETUDA HYPERTENDING CARMOVASCULAR 4/01 Colon H. Farmandon DSCAR E. FERNANDINI Lutherson 400 po to Helen Lungal Here, 1344 Chang malet

CT	9532	RE CITY HEALTH DEPARTMENT		67 953
67	CERTI	FICATE OF DEATH	Registered Na.	Ut Ut
DECEASED	PARKS	2. DATE A	AND HOUR OF DEATH	950
DEATH IN BALTIMON MAR	YLAND	4. USUAL RESIDENCE (WI	here deceased lived. If in	stitution: residence before od
AE OF (If not in hospital or	r institution, give sheet	MO		
N odgress of focolion)		C. CITY OR TOWN (IF	outside city limits, write I	RUPAL endigive township)
INIVERSITY	1 Klosp	11	m . A	1 1
		0.0.11		If Under 1 Yr., If Under
C -	DIVORCED (SP.	Duzy 5-1904	lost binhdox)	Months Doys Hours
	OB, KIND OF BUSINESS OR IN	Λ	6	12. CITIZEN OF WHAT COUNTRY?
		14. MOTHER'S MAIDEN N	AME	
SS PARKS		LYTORIA	Lowier	
ased Ever in U. S. Armed Farce	es? 16. SOCIAL	17. INFORMANT	MAS	ADDRESS
nown/til yes, give wor or doles	219-12-2	539 mm with	nohum 15-2.	1 N BONTALO
60 X 1				INTERVAL BETWE
SEASE OR CONDITION DIRE	CTLY	P. Course 1 7	NEARCTIA	
es not mean the made of		TO TO		Whips
complication which caused	A second A	with shock		
	DUE DUE	TO		11
the above cause (A)	stating the (C)	· WIRETES M	2221705	Tyler
11				
E DEATH BUT NOT RELAT		PERTENSION		2 wears
E OF OPERATION 198. COND	THON FOR WHICH OPERATION		No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
TRIBLITIAL OF LINE OF	218. PLACE OF INJU	RY (e.g., in or obout 21C, WHERE DID	(If in Boltimore	e City, give exact location)
notify medical examined	etc.)	Silver of the Stage, 1143 or St. St. St.		
RY		The state of the s	NJURY OCCUR?	
	Work	At Work	/3	10-5
The same of the sa	10			nign death accurred an
			_	Geath accorred an
		,	1	23B, DATE SIGNED
14 11 11	trong "	A.D. Attending Med. Director	Stoff Phys.	17-3-67
att of on		23D. ADDRESS		
SICIAN'S ME (Type)				
ME (Typel	DAC NIABAE - CEAAPTE	M.D. UNIVERS	ITY HOSE	ITAL
CREMATION, 24B. DATE	24C. NAME OF CEMETER	M.D. UNIVERS RY OF CREMATORY 24D.	LOCATION ICE	ity, town, or county)
CREMATION, 248. DATE		M.D. UNIVERS RY OF CREMATORY 24D.	LOCATION ICE BALTOM	ADDRESS ADDRESS
TO CO DIE TO COLL STET COLL STET	OCCUPATION (Give kind of work) ost of working life, even if setired) NAME S S S S S S S S S S S S S	DECEASED STEVEN PARKS F DEATH IN BALTIMOPE MARYLAND ME OF (If not in hospitol or institution, give sheet of oddress or locotion) OR oddress or locotion) OR oddress or locotion) ON STATE OF OR RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (sp. 1) OCCUPATION (Give kind of work 100B, KIND OF BUSINESS OR IN out of working life, even if refired) S NAME S PANKS CONSTRUCTOR OCCUPATION (Give kind of work 100B, KIND OF BUSINESS OR IN out of working life, even if refired) OCCUPATION (Give kind of work 100B, KIND OF BUSINESS OR IN out of working life, even if refired) ISEASE OR CONDITION DIRECTLY LEADING TO DEATH OCE and mean the made of dying, e.g., idure, asthenia, etc. It means the disease, in camplication which caused death.) ANTECEDENT CAUSES ES OR CONDITIONS, if any, giving the abave cause (A) stating the CYLYING CONDITION lost. ISIGNIFICANT CONDITIONS CONTRIBUTING HE DEATH BUT NOT RELATED TO THE COR CONDITION CAUSING IT. TE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CIDENT WAS UNDERLYING WAS PERFORMED CIDENT WAS UNDERLYING CAUSE OF (notify medical examined) AE (Month) (Doy) (Year) (Hour) 21E, INJURY OCCUPATION of the cause of the couses stated abave. (I) (We) (did) (did) (AINATURE)	DECRASED TO STATE OF DEATH IN BALTIMON MARYLAND ME OF ((I not in hospital or institution, give sheet OR oddress or location) OR oddress or location) OR oddress or location) OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTIPLACE (Stote or for all of working life, even if selived) NAME NAME NAME SEASE OR CONDITION DIRECTLY LEADING TO DEATH OES not mean the made of dying, e.g., lifute, asthenia, etc. II means the disease, or camplication which caused death.) ANTECEDENT CAUSES ES OR CONDITIONS, if any, giving the body cause (A) stating the CYNOLOGIAN CONDITION I ast. SIGNIFICANT CONDITIONS CONTRIBUTING EOR CONDITION NOT RELATED TO THE COR CONDITION CAUSINGTI. TO OPERATION 1986. CONDITION FOR WHICH OPERATION 20A. AUTORSY? (Yes or CONDITION) ANTECEDENT CAUSES SIGNIFICANT CONDITIONS CONTRIBUTING EOR CONDITION (1980) LYING CONDITION 1981. SIGNIFICANT CONDITIONS CONTRIBUTING EOR CONDITION (1980) LYING CONDITION (1980) LYING CONDITION (1980) ANTECEDENT CONDITION FOR WHICH OPERATION 20A. AUTORSY? (Yes or LYING) LYING CONDITION (1980) ANTECEDENT CONDITION FOR WHICH OPERATION 20A. AUTORSY? (Yes or LYING) LYING CONDITION (1980) LYING CONDITION (1980)	DECEASED TO DEATH IN BALTIMOR MARKAND ME OF CONTROL IN SAME

The throng the state of the Part Barel Luces in He will to COR Land to the second to the second



must

0

ŧ

D.O.A.

20

3

An

shows:

the body

ALTH DEPARTMENT 9534 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 10-1-67 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYLAND (Where (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) CITY HOSTITALS INSTITUTION 4940 EASTERN AVE UE D. STREET ADDRESS (If rurol, give locotian) BALTIMORL, MARYLAND 21224 119 S. WOLFE STREE is mad If Under 1 Yr. Months: Doxs If Under 24 Hrs. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years 5. SEX 6. RACE Hours WIDOWED, DIVORCED (specify) ost birthdoy 9-28-67 WHITE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even it retired) MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME NOT GIVEN SHIRLEY SMITH 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 7. INFORMANT 6. SOCIAL or final SECURITY NO. 4940 EASTER! AVENUE BCH: RECURDS CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOBSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) obtained 21F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from..... that (1) (we) lost sow the deceased alive on 10-1 67 ond that in (my) (aur) opinion death occurred on the date19____ ond hour ond fram the couses stoted obove. (1) (We) (did) (dld not) view the body ofter deoth. 23A. SIGNATURE 23B, DATE SIGNED Attending prior to Phys. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. RANGS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY eceased 24D. LOCATION REMOVAL (Specify) Cremation 10-3-67 57 Baltim re City H spitals Baltim re Maryland 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

1

1=1

BIRTH NO.

VS 151-REV. 1/1/65

67 9535

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9535

M.E. CASE NO.								2.7.		
1. NAME OF DECEASED (Type or Print)				2. DATE AN	D HOUR PRONOUNCE	D DEAD				
JOHN BILL				Octo	ber 4, 1967	- 1	6:00	а м.		
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (W re	deceased lived. If insti	tution: reside	ence before	odmission)		
FULL NAME OF (IF NOT IN HOSPIT.	AL OR INSTITU	UTION, GIVE STREET		Mary1	and					
HOSPITAL OR ADDRESS OR LOCA	ATION)	DIION, GIVE SIKEEI	C. CITY OR TOW	VN (If outsid	e corporate limits, write	RURAL one	give towns	hip)		
INSTITUTION			Ba1	ltimore		14	-07			
Provident Hospi	tal		D. STREET ADDR			7/				
			VIX **	MARKET NAM	00XSt. 1541	D4 444	sion	9+		
5. SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		Yr. If Und			
		DIVORCED (specify)			last birthday)		oys Hours			
Male Colored			7/7/1		51					
10A. USUAL OCCUPATION (Give kind of war dane during most of working life, even if retired)	k TOB. KIND OI	F BUSINESS OR INDUSTRY			in country)	12. CITIZEN	OF COUNTRY?	,		
			Maryla	nd		U.S.I	A .			
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAM	E					
James H. Bill	lips		Eva W	alker						
15. WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT			ADDRESS				
(Yes, no as unknown) (If yes, give wor or date	s of service)	SECURITY NO.			0350 16	77 - 7	2 01			
		212-14-9043	Eva B	illips	2159 Mt	· HOT	ly St	•		
1B. 7 / / / / / /		CAUSE	OF DEATH				NTERVAL B			
DISEASE OR CONDITION DI	RECTLY					(JNSET AND	DEATH		
LEADING TO DEATH		Acni	avvia duo	to Carl	hon Monordida					
(This does not mean the mode of heart foilure, asthenia, etc. It means	dying, e.g.,	XXXXX			bon Monoxide					
injury or complication which coused	injury or complication which coused death.) Poisoning									
ANTECEDENT CAUCE										
ANTECEDENT CAUSE		(B)								
RISE TO THE ABOVE CAUSE (A) S'	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									
UNDERLYING CONDITION LAST.		10)								
(C)										
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTU	N.G.								
TO THE DEATH BUT NOT RE	LATED TO T									
DISEASE OR CONDITION CAUSING		.000=======		***************************************						
19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	· CHIVIED		YES YES			OSES OF DEATH:				
▼ 21A, EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. ▼ 21D, TIME (A. 1.1.) (D. 1.1.)	21 B.	PLACE OF INJURY (e.g.,	n or obout 21 C. W	HERE DID	(If in Baltimore City, giv	e exact loc	ation)			
UTING CAUSE OF DEATH.	etc.)	, faim, factory, street, o	ince biag, INJURT	OCCUR?		1.1	-01			
21D TIME (Month) (Doy) (Year	Ho	me Street	015 46	1514 D	ivision St.	1-7	1			
OF INJURY				A DID INTO	JKI OCCUR?					
(APPROX.) 10 4 67	5:44am.	VHILE AT NOT V	ORK X CC	nflagr	ation					
22.	22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion									
resulted from: Notural co	resulted from: Notural couses Accident X Suicide Homicide Undetermined manner									
	CHIEF MEDICAL EXAMINER									
ACTUAL TO TO		. / \					DATE SI	GNED		
SIGNATURE	7-1	NO. W.D.	ASSISTANT ME							
EXAMINER'S										
NAME (Type) Edward F						ctober		167		
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)		C. NAME OF CEMETERY O	CREMATORY			town, or cor	unty)	(State)		
Burial 10/7	/67	Mt. Calvery		Bı	rooklyn Md					
24A. DATE REC'D BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		AD	DRESS			
		a deal -	- TOTTERA	- DIRECTOR		AD	DUE33			
OCT 6 1967	Hober	r E. Farburns	Charl	es A.	Rice 661	W. Ba	rre S	t.		



4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 24 Hrs. Hours Min. If Under 1 Yr. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that In(my) (aux) opinion death occurred on the date 23B. DATE SIGNED written approval deceased shows: ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



IRTH NO.	67			ATE OF DEATH		6 9 //	0 1. 10 1/3
NAME OF DEC	0.			2. DATE	AND HOUR OF DEATH		0000
Type or Print)	CUADD TAMES			0/	30/67		37.20 m
PLACE OF DEA	SHARP JAMES	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residenc	e belare admiss
				A. STATE B. CO	UNIT		
HOSPITAL OR	F (If nat in haspital of oddress ar lacation)		give street	Maryaand	autside city limits, write	RURAL and give	township) A
NOITUTITZNI							11)-11
Bolton H	ill Convalesc	ent & N	unging Ctn	D. STREET ADDRESS	(If rural, give lacotion)		00
Box ton in	TTT COLLASTORC	OH OC IV	ar stug out.	571 Biddle	e Street		
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	, If Under 24
М	Negro		o, DIVORCED (specify) edSeparat	ed 1/20/1900	last birthday)	Manths Days	Haurs
		10B, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote or fo		12. CITIZEN O	
ane during mast of	working life, even if retired)			Mawrland		WHAT CO	UNTRY?
2 PATHEME NAA	15			Maryland	1000	U.S.	
3. FATHER'S NAA	AI E			14. MOTHER'S MAIDEN N	AME		
Jim Sh	narp			Mary L M	loody		
. Was Deceased	Ever in U. S. Armed Fard (If yes, give war ar dates	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
	,			Louis Sharp	-1329 Lemma	on Stree	et
18. 4. 4L	3 V I		CAUSE	OF DEATH	,		AL BETWEEN
	SE OR CONDITION DIR	ECTLY				ONSE	AND DEATH
DIJEAS	LEADING TO DEATH			1 1	11 dias.	110	
1941			(4)	HEARD, I Englad . L.	V VIVYTRA		
	not mean the mode of		DUE TO	type Unice		7	,
heart failure,		the disease,	DUE TO	yperlessed C	y ourage		
hearl failure, injury ar cam	nol mean the mode of asthenia, etc. It means	the disease,	(A) DUE TO	arturalists	is gleerlese	1 years	
heart failure, injury ar cam	not mean the mode of asthenia, etc. It means aplication which caused	the disease, death.)	(B) (B) DUE TO	artivolus	to generalize	1 year	
hearl failure, injury ar cam DISEASES Crise la lhe	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A)	the disease, death.)	(B)(C)(C)(C)	arturalista Reni pych	to gleerlese Trephites	1 years	2
hearl failure, injury ar cam DISEASES Crise la lhe	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a	the disease, death.)	(B) (C) (C)	artunler or	ès glierlise Préphitis	1 years	2
DISEASES (Crise to The UNDERLYING	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.	the disease, death.) any, giving staling the		arturalus Roui pyck	ès glierlise Gréphtis	1 years	
DISEASES OF THE PROPERTY OF THE DOTTER SIGNIT TO THE D	not mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a because (A) GONDITION last.	the disease, death.) any, giving stating the	G	arturalus Reni pych	is generlize Prephtis	1 years	2
DISEASES COMES TO THE DISEASE OR TO THE DISEASE OR	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. II IFICANT CONDITIONS COMEANT BUT NOT RELACEDENT CAUSING IT	The disease, death.) Try, giving stating the CONTRIBUTING TO THE TED.	G E				
NOTHER SIGNITO THE DISEASE OR	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. II IFICANT CONDITIONS COMEANT BUT NOT RELACEDENT CAUSING IT	the disease, death.) any, giving stating the ONTRIBUTING TO THE TO THE TO THE TOTAL	G	Provident Control Cont		FINDINGS CON	SIDERED
DISEASES CONSE IN THE SIGNITURE OF THE S	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION fast. II IFICANT CONDITIONS CONDITION CAUSING IT OPERATION 198. CONUMAS PERFORM WAS PERFORM WAS UNDERLYING	The disease, death.) any, giving staling the ONTRIBUTION FOR YORKED	G E WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CON	SIDERED ?
DISEASES CONTRIBE	ashenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. IFICANT CONDITIONS COME AND TO RELATE THE CONDITION CAUSING IT OPERATION 19B. CONTINUE OPERATION 19B.	The disease, death.) any, giving stating the ONTRIBUTING TO THE TO THE TO THE TOTAL THE TENT OR MED	G E WHICH OPERATION PLACE OF INJURYIE.g. ie, form, foctory, street,		No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	SIDERED ?
DISEASES CONTRIBLE OR CONTRIBLE OR CONTRIBLE OF CONTRIBLE OR CONTRIBLE OF CONTRIBLE OR CONTRIBLE OF CONTRIBLE OR CONTRIBLE OF CONTRIBLE	asilenia, elc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. IFICANT CONDITIONS CITE EATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CONUMAS PERFORM WAS UNDERLYING JING CAUSE OF medical examiner)	the disease, death.) ony, giving stating the ONTRIBUTING TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TED TOTAL T	WHICH OPERATION PLACE OF INJURYIE.ge, form, foctory, street,	20A. AUTOPSY? (Yes or of office bidg., INJURY OCCUR?	Na) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	SIDERED ?
DISEASES CRISE IO INTERESTED OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBLE DEATH (natify)	ashenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. IFICANT CONDITIONS COME AND TO RELATE THE CONDITION CAUSING IT OPERATION 19B. CONTINUE OPERATION 19B.	the disease, death.) Ony, giving stating the ONTRIBUTION TO THE TED TED TED TED TED TED TED TED TED TE	PLACE OF INJURY Ic.g	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR?	Na) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	SIDERED ?
DISEASES CONTRIBLE OF CONTRIBLE	asilenia, elc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. IFICANT CONDITIONS CITE EATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CONUMAS PERFORM WAS UNDERLYING JING CAUSE OF medical examiner)	the disease, death.) Ony, giving stating the ONTRIBUTION TO THE TED TED TED TED TED TED TED TED TED TE	WHICH OPERATION PLACE OF INJURY Ie.g ie, farm, foctory, street, INJURY OCCURRED ile At Nat W	20 A. AUTOPSY? (Yes or office bldg., INJURY OCCUR?	Na) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	SIDERED ?
DISEASES COMISE IN THE PROPERTY OF INJURY (APPROX.)	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. II IFICANT CONDITIONS CONTENT OF RELA CONDITION CAUSING IT OPERATION 198. CONING IT OPERATION 198. CONING IT OPERATION 198. CONING IT OPERATION CAUSING IT OPERATION 198. CONING IT OPERATION 199. (Year)	The disease, death.) Day, giving stating the ONTRIBUTING TO THE TO THE TO THE TOTAL CORMED (Hour) 21E, Why wa	PLACE OF INJURY Ie.g ie, farm, foctory, street, INJURY OCCURRED ile At Nat Work	20 A. AUTOPSY? (Yes or office bldg., INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CON: USES OF DEATH	SIDERED ?? ! lacation)
DISEASES OF THE DEATH (natify LAPROX.)	asilenia, etc. II means aplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. IFICANT CONDITIONS COME EATH BUT NOT RELACONDITION CAUSING IT OPERATION 198. CONUMAS PERFORM WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year)	ony, giving stating the ONTRIBUTION FOR VORMED 218, hometric, which was a statement of the order of the orde	PLACE OF INJURY I.e.g. ie, form, foctory, street, INJURY OCCURRED ile At	20A. AUTOPSY? (Yes or of the property of the p	Na) 208. IF YES, WERE IN CERTIFYING CA (If in Baltiman	FINDINGS CON! USES OF DEATH	SIDERED 1?
DISEASES CONSE IN THE DESCRIPTION OF THE DESCRIPTIO	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. IFICANT CONDITIONS COMEAN BUT NOT RELATED TO AUSING IT OPERATION 19B. CONDITION CAUSING IT OPERATION 19B. CONDITIONS COMEAN CONDITION CAUSING IT OPERATION 19B. CONTING CAUSE OF medical examiner) (Month) (Doy) (Year)	the disease, death.) Day, giving stating the CONTRIBUTING TED TO THE TED TED TO THE TED TED TO THE TED TO THE TED TED TED TED TED TED TED TED TED TE	WHICH OPERATION PLACE OF INJURY Ie.g ie, farm, foctory, street, INJURY OCCURRED iile At At Wo he deceased fram	20 A. AUTOPSY? (Yes or office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltiman INJURY OCCUR? 19 6 7 ta	FINDINGS CON! USES OF DEATH	SIDERED 1?
DISEASES CONSE IN INDUSTRIBUTION OF INJURY (APPROX.) DISEASES CONSE IN INDUSTRIBUTION OF INJURY (APPROX.) 21.0. TIME OF INJURY (APPROX.) 22. I certify that (i) (we) and haur and	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. IFICANT CONDITIONS COMEAN BUT NOT RELACED AND TON	the disease, death.) Day, giving stating the CONTRIBUTING TED TO THE TED TED TO THE TED TED TO THE TED TO THE TED TED TED TED TED TED TED TED TED TE	WHICH OPERATION PLACE OF INJURY Ie.g ie, farm, foctory, street, INJURY OCCURRED iile At At Wo he deceased fram	20A. AUTOPSY? (Yes or of the property of the p	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltiman INJURY OCCUR? 19 6 7 ta	FINDINGS CON! USES OF DEATH City, give exoc	SIDERED (?) I lacation) 2 () 19 6
DISEASES OF THE DEATH (notify (APPROX.) 22. I certify that (i) (we)	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. IFICANT CONDITIONS COMEAN BUT NOT RELACED AND TON	the disease, death.) Day, giving stating the CONTRIBUTING TED TO THE TED TED TO THE TED TED TO THE TED TO THE TED TED TED TED TED TED TED TED TED TE	WHICH OPERATION PLACE OF INJURY Ie.g. ie, farm, foctory, street, INJURY OCCURRED ile At	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR? 21F. HOW DID I	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltiman INJURY OCCUR? 19 6 7 1a	FINDINGS CON! USES OF DEATH	SIDERED (?) It lacation) 3 () 19 6
DISEASES CRISE IO INTERMINENT OF THE DO DISEASE OR 19A. DATE OF 21A. ACCIDER OR CONTRIBLE OF INJURY (APPROX.) 22. I certify that (i) (we) and haur and 23A. SIGNATU	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION fast. IFICANT CONDITIONS C.C. EATH BUT NOT RELACONDITION CAUSING IT OPERATION 198. CONUWAS PERFORM (Month) (Doy) (Year) that (1) (this hospital) last saw the deceased of from the causes stated of the cause of the	the disease, death.) Day, giving stating the CONTRIBUTING TED TO THE TED TED TO THE TED TED TO THE TED TO THE TED TED TED TED TED TED TED TED TED TE	WHICH OPERATION PLACE OF INJURY Ie.g. ie, farm, foctory, street, INJURY OCCURRED ile At	20 A. AUTOPSY? (Yes or office bldg., INJURY OCCUR? 21 F. HOW DID I and office bldg.) 21 F. HOW DID I will be and office bldg. Attending Med. Director	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltiman INJURY OCCUR? 19 6 7 ta	FINDINGS CON! USES OF DEATH City, give exoc	SIDERED (?) I lacation) 3 () 19 6
DISEASES OF THE DEATH (natify that (i) (we) and haur and	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. INTERPORT ON DITIONS COMEAN BUT NOT RELACED TO AUSING IT OPERATION 19B. CONDITION CAUSING IT OPERATION 19B. CONDITION CAUSING IT OPERATION 19B. CONDITION (Year) ANT WAS UNDERLYING TIME CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospital) last saw the deceased of from the causes states of the causes of th	the disease, death.) Day, giving stating the CONTRIBUTING TED TO THE TED TED TO THE TED TED TO THE TED TO THE TED TED TED TED TED TED TED TED TED TE	WHICH OPERATION PLACE OF INJURY Ie.g. ie, farm, foctory, street, INJURY OCCURRED ile At	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR? 21F. HOW DID I	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltimare) INJURY OCCUR? 19 6 7 ta that in(my) (aur) api	FINDINGS CON! USES OF DEATH City, give exoc	SIDERED (?) It lacation) 3 () 19 6
DISEASES CONSENSE IN THE PROPERTY IN CONTRIBUTION OF INJURY (APPROX.) 210. ACCIDENT OF INJURY (APPROX.) 22. I certify that (i) (we) and haur and 23A. SIGNATU	nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) GONDITION for a cause (A) GONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION (WAS PERFORM WAS UNDERLYING DITING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospital) last saw the deceased of from the causes stated of the causes of the cause of the causes of the cause	the disease, death.) ony, giving stating the ONTRIBUTING TO TH I. ORMED 218, hom etc (Hour) 21E, Wh. wa) attended the dalive an ed abave. (I	WHICH OPERATION PLACE OF INJURY Ie.g. ie, farm, foctory, street, INJURY OCCURRED ile At	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR? 21F. HOW DID I 21F. HOW DID I 21F. How did and office bldg. Med. Director 23D. ADDRESS	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltimare) INJURY OCCUR? 19 6 7 ta that in(my) (aur) api	FINDINGS CON! USES OF DEATH City, give exoc	SIDERED (?) It lacation) It lacation () Surred on the
DISEASES CONTRIBLED TO THE DOLLER SIGNITO THE SIGNITOR SIGNIT	ashenia, elc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. IFICANT CONDITIONS CITE CAUSE OF CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION (MAS PERFORM CONDITION CAUSING IT OPERATION (Topy) (Year) Allan Machines Allan Machines MATION, 1248. DATE	ine disease, death.) any, giving stating the ontribution for the order of the orde	MHICH OPERATION PLACE OF INJURY I.e., form, foctory, street, injury OCCURRED INJURY OCCURRED At Work At Wor	20 A. AUTOPSY? (Yes or office bidg., INJURY OCCUR? Altending And Director 23D. ADDRESS D. 2 E. RE	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltiman INJURY OCCUR? 19 6 7 ta	FINDINGS CON! USES OF DEATH City, give exoc	SIDERED (?) It location) Surred on the
NODLY OTHER SIGNITION THE DISEASE OR CONTRIBLE DEATH (natify that (i) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	ashenia, elc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. IFICANT CONDITIONS CITE CAUSE OF CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION (MAS PERFORM CONDITION CAUSING IT OPERATION (Topy) (Year) Allan Machines Allan Machines MATION, 1248. DATE	ine disease, death.) any, giving stating the ontribution for the order of the orde	WHICH OPERATION PLACE OF INJURY Ie.g. ie, farm, foctory, street, INJURY OCCURRED ile At At Work he deceased fram	20 A. AUTOPSY? (Yes or office bidg., INJURY OCCUR? Altending And Director 23D. ADDRESS D. 2 E. RE	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltiman INJURY OCCUR? 19 6 7 ta	FINDINGS CON: USES OF DEATH City, give exoc 238. DATE SIGN Bold Ma	SIDERED It location) It location It location
NOTHER SIGNITO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TIPA. DATE OF TIPA.	ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) GONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION 1988. CONDITION CAUSING IT OPERATION (MAS PERFORM) INTO CAUSE OF MEDICAL CONDITION (Pearl) WAS UNDERLYING (Month) (Doy) (Yearl) That (1) (this hospital) Interpretation (Poy) (Yearl) All an Machines MATION, 248. DATE Specify) MATION, 248. DATE Specify) MATION, 248. DATE Specify)	the disease, death.) any, giving stating the ontropy stating the	MHICH OPERATION PLACE OF INJURY I.e.g. pe, farm, foctory, street, INJURY OCCURRED ille A1	20 A. AUTOPSY? (Yes or office bidg., in ar obout office bidg., INJURY OCCUR? 21 F. HOW DID I on office bidg.	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltiman In	FINDINGS CON! USES OF DEATH City, give exoco 238. DATE SIGN LOLL LOL	SIDERED 1 lacation) 1 lacation) 1 lacation) 1 lacation) 2 lacation) 1 lacation) 1 lacation) 1 lacation)
NOTHER SIGNITO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (natify 12). It certify that (1) (we) and haur and 23A, SIGNATU 23C. PHYSICIA NAME (T	ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) GONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION 1988. CONDITION CAUSING IT OPERATION (MAS PERFORM) INTO CAUSE OF MEDICAL CONDITION (Pearl) WAS UNDERLYING (Month) (Doy) (Yearl) That (1) (this hospital) Interpretation (Poy) (Yearl) All an Machines MATION, 248. DATE Specify) MATION, 248. DATE Specify) MATION, 248. DATE Specify)	the disease, death.) any, giving stating the ontropy stating the	WHICH OPERATION PLACE OF INJURY Ie.g. ie, farm, foctory, street, INJURY OCCURRED ile At At Work he deceased fram	20 A. AUTOPSY? (Yes or office bidg., INJURY OCCUR? Altending And Director 23D. ADDRESS D. 2 E. RE	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Baltiman Injury OCCUR? 19 6 7 ta that in(my) (aur) api is h. Staff Phys. LOCATION (Ci	FINDINGS CON! USES OF DEATH City, give exoco 238. DATE SIGN LOLL LOL	SIDERED It location) It location It location



5=530	BALTIMORE CITY			
IRTH NO.	9537 CERTIFICA	TE OF DEATH	Registered No	999
A.E. CASE NO. NAME OF OECEASED,			ND HOUR OF DEATH	
Type or Print) VFD 1317	- CMIT	74	4 4 4	4 1 4 2 2 0
PLACE OF DEATH IN BALTIMORE MARYLAN	3/-11	4. USUAL RESIDENCE (Whe	10 - 2 - 6	titution; residence before admission
		A. STATE B. COUN		
FULL NAME OF (If not in haspital or inst	titutian, give street	Mary	aNd	
HOSPITAL OR oddress at location)		C. CITY OR TOWN	tside city limits, write R	1. 1
43		130 Hir	nore #	2/2 3000
2 11 2 11	. 11	D. STREET ADDRESS (II	rural, give location)	
South Baltimore	GENERAL HOSE	7321 5	o. Hano	VEP St.
• SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi., If Under 24 H
M NEgro	IDOWED, DIVORCED (specify)	10 0 1917	lost birthday)	Manths Doys Hours Min.
	CIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or fore	67.	12. CITIZEN OF
OA, USUAL OCCUPATION (Gryfkind of work 10 B. H one during most of working life, even if retired)	into or positives or into said.	The backtiness of tale of tole	-7 1	WHAT COUNTRY?
Retired			pla.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
1/2 22 2 =		C	Edwa	-10
5. Wos Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	Fawa	ADDRESS
(es, no or unknown) (If yes, give war or dates of s	SECURITY NO.	IVI IIVI OKIVIAIVI		7001133
		Marie Kelson	-738 Hanov	er Street
1B. < 2	CAUSE	F DEATH	-/ Ju Hamuy	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y			ONSET AND DEATH
LEADING TO DEATH	CHRO	NIC OBSTRUCTION	E AIPLIAY	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		and a new part of the state of	
(This does not mean the made of dying	3,3.,		Dicence	
(This does not mean the made of dying heart failure, asthenia, etc. If means the dinjury at complication which coused death	disease,		DISEASE	
hearf failure, asthenia, etc. If means the d injury ar complication which coused death	disease, h.) (B)		DISEASA	
hearf failure, asthenia, etc. If means the d injury ar complication which coused death	disease, h.) (B) DUE TO		DISEASA	
hear failure, asthenia, etc. If means the dinjury at complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony,	disease, h.) (B) DUE TO		DISEASA	
hearf failure, asthenia, etc. If means the d injury ar complication which coused death	disease, h.) (B) DUE TO		DISEASA	
hearf failure, asthenia, etc. If means the dinjury at complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) static	disease, h.) (B) DUE TO		DISEASA	
hear failure, asthenia, etc. If means the dinjury at complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the above cause (A) sloting UNDERLYING CONDITION last.	giving (C)		DISEASA	
heast failuse, asthenia, etc. If means she dinjury as complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the abave cause (A) sloting UNDERLYING CONDITION last.	giving (C)		DISEASA	
heast failuse, asthenia, etc. If means she dinjury as complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to she above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving ng the RIBUTING TO THE ASCUD N FOR WHICH OPERATION		DISEAS A	INDINGS CONSIDEREO
heast failuse, asthenia, etc. If means the dinjury as complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the abave cause (A) static UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving ng the RIBUTING TO THE ASCUD N FOR WHICH OPERATION)	DISEASA	INDINGS CONSIDEREO
hear failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITOR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO THE CONDI	giving ng the (C) RIBUTING TO THE A SCUE N FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No	DISEAS C	INDINGS CONSIDEREO
heast failuse, asthenia, etc. If means the dinjury as complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) sloting UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	giving ng the (C) RIBUTING TO THE A SCUE N FOR WHICH OPERATION ED	20A. AUTOPSY? (Yes or No	DISEAS C	INDINGS CONSIDERED
hearf failure, asthenia, etc. If means the dinjury are complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise la the abave cause (A) slating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving ng the CO RIBUTING TO THE A SCUE N FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID office bidg., INJURY OCCUR?	DISEASE 20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
hear failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the abave cause (A) slating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving ng the CO RIBUTING TO THE A SCUD N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID infice bidg., INJURY OCCUR?	DISEASE 20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
hear failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the abave cause (A) slating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving ng the CO RIBUTING TO THE A SCUE N FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or about 21C. WHERE DID ffice bldg, INJURY OCCUR?	DISEASE 20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDEREO
hearf failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, rise to the abave cause (A) sloting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)	giving ng the (C) RIBUTING TO THE ASCUE N FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not Whi	in or about 21C. WHERE DID iffice bidg., INJURY OCCUR?	O) 20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDEREO ISES OF DEATH? City, give exact locotion)
hear failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, rise to the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Horoff Industry (APPROX.)	giving ng the (C)	20 A. AUTOPSY? (Yes or Not) in or about 21 C. WHERE DID iffice bidg., INJURY OCCUR?	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDEREO (SES OF DEATH? City, give exact location)
hear failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hot OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention of the that (I) (we) lost sow the deceased oli-	giving ng the (C) RIBUTING TO THE A SC UD N FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED While At Not White At Work ended the deceosed from we on 2	20A. AUTOPSY? (Yes or No.) in or about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW OID INJ	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDEREO (SES OF DEATH? City, give exact location)
hear failure, asthenia, etc. If means the dinitury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, rise to the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Horoff Industry (APPROX.)	giving ng the (C) RIBUTING TO THE A SC UD N FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED While At Not White At Work ended the deceosed from we on 2	20A. AUTOPSY? (Yes or No.) in or about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW OID INJ	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDEREO (SES OF DEATH? City, give exact location)
hear failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hot OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention of the that (I) (we) lost sow the deceased oli-	giving ng the (C) RIBUTING TO THE ASCUD N FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED While At Not Whith At Work ended the deceosed from	20A. AUTOPSY? (Yes or No.) in or about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW OID INJ	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDEREO (SES OF DEATH? City, give exact location)
hear failure, asthenia, etc. If means the diniury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Day) (Year) (Horomore) 21D. TIME (Month) (Day) (Year) that (1) (we) lost sow the deceased oli and hour and from the causes stated of the condition of the causes stated of the cause of the causes stated of the cause of the causes stated of the causes stated of the causes of the causes stated of the causes of the cause of the causes of the causes of the cause of	giving ng the (C)	20 A. AUTOPSY? (Yes at Not of the property of	OF 20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore URY OCCUR?	indings considered ises of death? City, give exact location)
hear failure, asthenia, etc. If means the dinitury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITOR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIMME (Month) (Doy) (Year) (Hot OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased of ond hour and from the causes stated of 23A SIGNATURE	giving ng the (C) RIBUTING TO THE ASCUE N FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 218. INJURY OCCURRED While At Not White At Work anded the deceosed from ve on 2000.	20 A. AUTOPSY? (Yes or Not of the property of	O) 20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore) URY OCCUR?	indings considered ises of death? City, give exact location)
NOT THE DEATH BUT NOT RELATED DISEASE OR CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Horotal Performance) 21D. TIME (Month) (Day) (Year) (Horotal Performance) 22. I certify that (I) (this hospital) attention of the couses stated of the couses of the co	giving ng the (C) RIBUTING TO THE ASCUD N FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work anded the deceosed from 2000 occurred bove. (I) (We) (did) (did not) M.O. Att Phy	20 A. AUTOPSY? (Yes at Not of the property of	OF 20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore URY OCCUR?	indings Considered USES OF DEATH? City, give exact location)
NOT THE DEATH BUT NOT RELATED DISEASE OR CONDITIONS (A) SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Day) (Year) (Horotal Told Causing IT) (A) Condition of the couses stoted of Causing IT) (A) Condition (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	giving ng the (C)	20 A. AUTOPSY? (Yes or Not of the property of	OF 20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore URY OCCUR?	indings Considered USES OF DEATH? City, give exact location)
hear failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, rise to the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITOR THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Horoff Library (APPROX.) 22. I certify that (I) (this hospital) attention of hour and from the causes stated of CAUSING TO THE CAUSE OF CONTRIBUTION CAUSING TO THE CAUSE OF CONTRIBUTION (APPROX.)	giving ng the (C) RIBUTING TO THE ASCUD N FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 218. INJURY OCCURRED While At Not White At Work anded the deceosed from the work. We on At Work At Work	20 A. AUTOPSY? (Yes or Not of the property of	OF 20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore URY OCCUR?	indings Considered USES OF DEATH? City, give exact location)
hear failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM! 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Horoff Indian Cause of Contribution of Contribution of Contribution of Contribution of Cause of Cause of Contribution of Cause of Ca	giving ng the (C)	20A. AUTOPSY? (Yes at No. 1) in or about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW OID INJ le	URY OCCUR? Stoff Phys. CATION (Cin	indings considered (SES OF DEATH? City, give exact location) 19 238. DATE SIGNED (O-3-67 GENERA) Hove, town, or county) (Stote)
heaf failuse, asthenia, etc. If means the dinjury as complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Horomore Contributions) 22. I certify that (I) (this hospital) attention of the that (I) (we) lost sow the deceased oil and hour and from the causes stated of the couses stated of t	giving ng the (C)	20A. AUTOPSY? (Yes at No. 1) in or about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW OID INJ le	URY OCCUR? Stoff Phys. Call Catimore Cin	indings considered (SES OF DEATH? City, give exact location) 19 238. DATE SIGNED (O-3-67 (Stote) (Stote)
hear failure, asthenia, etc. If means the dinjury at complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, rise to the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM! 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Horothia Contribution) 22. I certify that (I) (this hospital) attention of the couses stated at the couses stated at the couses stated at the couses stated at the couse state	giving ng the (C)	20A. AUTOPSY? (Yes at No. 1) in or about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW OID INJ le	URY OCCUR? Stoff Phys. CATION (City altimore City Continue Cincontinue City Continue City Continue City Continue City Continue	indings considered (SES OF DEATH? City, give exact location) 19 ion death occurred on the d 238. DATE SIGNED /O-3-67 GENERA Ho. y, town, or caunty) (State)

College catalogica security

5 1 - 1 C 2

5-11

12 4 1 Kong

Park 22 67

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

200-03-9300

Bureal 10-9-67 New Verheural Com Baller. He

Kelson Franch Hone 13/8 College S

- Lames Buckeyen 2225 Gerein

Join Hoper Hospita.

VS 151-REV. 1/1/65

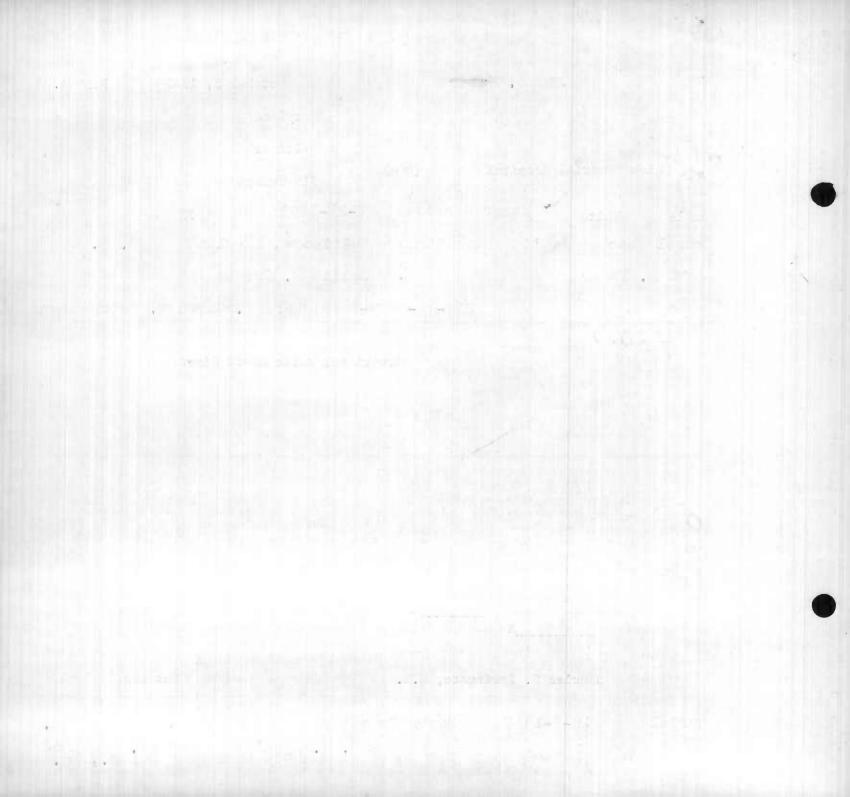
67 9541 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9541

IRTH NO. MEDICAL EXAMINER 3 CEI	KIIFICATE OF DEATH REGISTERED NO. 11
A.E. CASE NO.	
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Type or Print)	October 4, 1967 1:35 a M.
OSCAR REDD PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	I. USUAL RESIDENCE (Where deceosed lived, If in shitution: residence before admission) A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore // STOREST ADDRESS (If week sine leaster)
00 1606 Lorman Ct. D.O.A.	D. STREET ADDRESS (If rurol, give locotion)
TARK NEW TO A APPLIED TO	DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	lost birthdoy) Months Doys Hours Min.
Male Colored Massied OR INDUSTRY 17	4-8-1906 61 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
one during most of working life, even if retired)	WHAT COUNTRY?
Laborer Steel Co.	VINGINIZ U.S.A.
Aliandra Radd	No. 22 East
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	7. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	M. D. I D 111/11/2010 . A.
118. CAUSE C	Ors Ruth Redd 1606 LORMAN Ct. DE DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)	eriosclerotic Cardiovascular Disease
ANTECEDENT CALISES	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO THE 199A. DATE OF OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21C. WHERE DID (If in Boltimore City, give exact location) cee bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) M. WORK NOT WI	HILE C
22.	psy ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suicide	Homicide Undetermined monner
71 111	CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSISTANT MEDICAL EXAMINERXX
NAANATI (TO)	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson M.D. 23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY of	October 4, 1967 CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	B C C C C C C C C C C C C C C C C C C C
Burial 10-7-67 Mt. Calvary	124C. FUNDAL DIFFCTOR HE HOUNGEICO., Md.
OCT 6 1967 Robert E. Failer Ma	Randolah Collick 2431E, Oliver St.
	THUVEROUN SINK CHANGE STEELS SINKE SO

67 9542 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9542

M.E. CASE NO.				
1. NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED D	DEAD
JEAN L.	ater		October 5, 1967	7:52 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE 8. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	THEON CIVE STREET	Maryland		
HOSPITAL OR ADDRESS OR LOCATION)	TO HOIL, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
INSTITUTION		Ва	ltimore	21-40
Hadan Manari 1 H	(204)		ESS (If rurol, give location)	
Union Memorial Hospita	(DOA)	51	9 Tunbridge Road	
	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
	n Divorced (specify) r Married	7-28-18	lost birthdoy) Ma	onths Doys Hours Min.
Female White			13	CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
	Education		re, Maryland	U. S. A
13. FATHER'S NAME		14. MOTHER'S MA		
John L. Yater			E. Crooks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)	16. SO CIAL SECURITY NO.	17. INFORMANT	AD	DORESS
No	220-44-082	9-T Ric	hard J.&Sarah E.	Yater Same
118.	CAUSE	OF DEATH		INTERVAL BETWEEN
420.05	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH (This does not meen the mode of dying, e.g	(A) Art	eriosclero	otic heart disease	
heart failure, asthenia, etc. It means the disease injury or complication which caused death.	DUE TO			
injury or complication which course account				
ANTECEDENT CAUSES	(8)		-	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE				
UNDERLYING CONDITION LAST.				
Z	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. TO THE OF OPERATION 198, CONDITION FOR WAS PERFORMED				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO				
E DISEASE OR CONDITION CAUSING IT.	100000-0000000000			
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No.) 208. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS CONSIDERED OF DEATH?
		No		
✓ 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	ne, form, foctory, street, o	in or obout 21C. W	HERE DID (If in Boltimore City, give e:	xoct location)
UTING CAUSE OF DEATH.		J. J	1	
UTING CAUSE OF DEATH. etc.	21E. INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE		
m	WORK AT W	ORK		
22. I certify that I held on Inquiry	Inspection X Au	topsy and	that on this bosis, death In my o	pinion
rosulted from: Notural causes X	Accident Suicid	e Homicid	de Undetermined monner	1
resulted from: Hotorof couses (A)	Accident			
ACTUAL (1/2)	1.		EDICAL EXAMINER	DATE SIGNED
SIGNATURE MANY	M.D	ASSISTANT ME	EDICAL EXAMINER X	
EXAMINER'S Charles S. Sp	ingate, M.D.	ASSOCIATE ME	EDICAL EXAMINER Octob	per 5, 1967
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City, tow	rn, or county) (State)
Burial 10-9-1967	Ponlarood Co	matan	Donlerdii	Ma
	Parkwood Ce		Parkville,	Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAM	E OF REGISTRAR	H. W.	Jenkins & Sons Co 4905 York Road Be	ADDRESS 21212
QQJ 6 1967 (2 0 B	E. Falley M.R.		4905 York Road Be	Ito Md.
VS 151 BEV 1/1/45	Ca A TOTAL CANAL COME	1		



	0	DE A DEALTIMORE CITY HEALTH DEPARTMENT
18	C	BIRTH NO. CERTIFICATE OF DEATH Registered No. 67 3543
INT	che che	M.E. CASE NO.
203	as a sur	(Type or Print) 2 (1/10/15 E) (1/10/15 E)
30 3	- P 0 0 -	COCKEY, CHARLES EDWIND WITH S 1967 6- F.M.
7:3	to Do	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
रम्ब	osi nc lec	FULL NAME OF (If not in hospital or institution, give street 1401) ARTMOUTH AVE BULL DA
2701	da da	HOSPITAL OR address or lacotion) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
764	Se Se to	BALTIMORE 34 MD
974	in Bath	TUNION MEMORIAL HOPPITAL D. STREET ADDRESS Of rural, give location)
A 30	היים סייים	1401 DARTMOUTH AVE.
es en	ar ar	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , II Under 24 Hrs.
0	rith of h	WIDOWED, DIVORCED (specify) Months: Doys Hours Min.
7	nt nr rr eg	THINKELLY IT
6	40 4 50 5	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State ar foreign country) done during most of working lite, even if retired) 12. CITIZEN OF WHAT COUNTRY?
2	to bie bio	done during most of working lite, even if retired) CLERK FI.M EADE C RETIRED MARYLAND WHAT COUNTRY? CLERK FI.M EADE C RETIRED
4	de de sir	13. FATHERS NAME 14. MOTHERS MAIDEN NAME
9	if dect was	CACKEY CHAPLES EDWARD COCKEY HEREN VIOLA
2 =	dis	
- 4	e di nd; eath	15. Was Deceased Ever in U. S. Armed Forces? 16. SECIAL 17. INFORMANT ADDRESS SECURITY NO. 17. INFORMANT ADDRESS 18. SECURITY NO. 17. INFORMANT ADDRESS 18. SECURITY NO. 18. SECURI
	isi ki ki de de	STAKENOWYES - WWITZ14-0897 MRS FANNIE H. COCKEY (SAME)
4 8	T to de	A CAUCE OF DEATH
7 9	if any any and and or	DISEASE OR CONDITION DIRECTLY
Q E	lso of of other	LEADING TO DEATH 37
7 -	O A O C D E	(This does not mean the mode of dying, e.g., 3 DUE TO
3 %	or or o	heart failure, astheria, etc. It means the disease, injury ar complication which caused death.)
0	a c a	CILLON EN CLEVE
	F - 0 m 6	MILECEDENI CHOSES
. 5	E FOO	ANTECEDENT CAUSES
7 5	Xam Xam Xam Wh Wh	DISEASES OR CONDITIONS, if any, giving
REC.	exam (3) A 1 in reg	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.
DIRECT	ins ins	rise to the obove cause (A) stating the 5
L DIRECT	dical exam dical exam Jrns; (3) A f sician who was in reg	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.
EAL DIRECT	dical edical entry; (3 ysician was in	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.
ERAL DIRECT	ins ins	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
INERAL DIRECT	dical edical entry; (3 ysician was in	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
FUNERAL DIRECT	dical edical entry; (3 ysician was in	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED HIP CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. ACCIDENT WAS UNDERLYING 1218. PLACE OF INJURY (e.g., in or obout 21 C, WHERE DID (If in Boltimore City, give exect locotion)
FUNERAL DIRECT	the chief medical estables and by a medical estable burns; (3) ere the physician physician efore the remains	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSE OF CAUSE OF INJURY (e.g., in or obout 21C, WHERE DID INJURY OCCUR? etc.)
FUNERAL DIRECT	y the chief medical eital by a medical e; (2) Body burns; (3) there the physician No physician was in before the remains	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. C
FUNERAL DIRECT	the chief medical estables and by a medical estable burns; (3) ere the physician physician efore the remains	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTIONS CO
FUNERAL DIRECT	voed by the chief medical endopoints by a medical enditure; (2) Body burns; (3) cept where the physician d (6) No physician was in ained before the remains.	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 10
Recent by Mr.	be hospital by a medical endeposital by a medical ender an article (3) Body burns; (3) except where the physician and (6) No physician was instituted before the remains.	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.
FUNERAL DIRECT	pproved by the chief medical estate hospital by a medical estany nature; (2) Body burns; (3) (except where the physician; and (6) No physician was in estate before the remains.	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.
FUNERAL DIRECT	approved by the chief medical of to the hospital by a medical e of any nature; (2) Body burns; (3 al (except where the physician h); and (6) No physician was in be obtained before the remains	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
d + Auberry by Dr.	be approved by the chief medical estate to the hospital by a medical ent of any nature; (2) Body burns; (3) pital (except where the physician eath); and (6) No physician was in ust be obtained before the remains.	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH ROLL OF THE DE
ad + Auberry by Dr. FUNERAL DIRECT	be approved by the chief medical estate to the hospital by a medical ent of any nature; (2) Body burns; (3) pital (except where the physician eath); and (6) No physician was in ust be obtained before the remains.	DISEASES OR CONDITIONS, if any, giving giving give to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING home, form, foctory, street office bidg. INJURY OCCUR? OOR CONTRIBUTING CAUSE OF home, form, foctory, street office bidg. INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased fram 19 07 and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above. (II) (We) (did) (dld nat) view the bady after death.
and + referred by the FUNERAL DIRECT	ust be approved by the chief medical esased to the hospital by a medical eident of any nature; (2) Body burns; (3) nospital (except where the physician edeath); and (6) No physician was in must be obtained before the remains	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION SCONTRIBUTING DISEASE OR CONDITION CAUSING IT. 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION CAUSING IT. 12 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION COUNTRIBUTING CAUSING IT. 13 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OF CONTRIBUTING CAUSING IT. 14 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONSIDERED DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE CONTRIBUTION CAUSING IT. 15 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONSIDERED DISEASE OR CONDITIONS CONTRIBUTING CAUSING IT. 16 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONSIDERED DISEASE OR CONTRIBUTING CAUSING IT. 17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONSIDERED DISEASE OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED TO THE CONTRIBUTION CAUSES OF DEATH? 17 OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING CONTRIBUTION TO THE CONTRIBUTION CONTRIBUTION COUNTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION COUNTRIBUTION COUNTRIBUTI
sound + released by the FUNERAL DIRECT	ust be approved by the chief medical esased to the hospital by a medical eident of any nature; (2) Body burns; (3) nospital (except where the physician edeath); and (6) No physician was in must be obtained before the remains	DISEASES OR CONDITIONS, if any, giving size to the obove cause (A) stating the size to the obove cause of the obove
mound + referred by the FUNERAL DIRECT	cate must be approved by the chief medical evas released to the hospital by a medical eAn accident of any nature; (2) Body burns; (3) at a hospital (except where the physician prior to death); and (6) No physician was in proval must be obtained before the remains	DISEASES OR CONDITIONS, if any, giving is to the obove cause (A) stating the size to the obove (A) stating the size to
forward + recent by the FUNERAL DIRECT	ficate must be approved by the chief medical ewas released to the hospital by a medical exam accident of any nature; (2) Body burns; (3) A. at a hospital (except where the physician prior to death); and (6) No physician was in pproval must be obtained before the remains	DISEASES OR CONDITIONS, if any, giving is to the obove cause (A) stating the size to the obove (A) stating the size to
Agrand + released by Dr. FUNERAL DIRECT	ertificate must be approved by the chief medical ody was released to the hospital by a medical es: (1) An accident of any nature; (2) Body burns; (3 D.O.A. at a hospital (except where the physician ased prior to death); and (6) No physician was in approval must be obtained before the remains	DISEASES OR CONDITIONS, if any, giving is to the obove cause (A) staling the SCUUNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION SCUNTRIBUTING DISEASE OR CONDITION CAUSING 11. 199. DATE OF OFFERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONSIDERED IN CERTIFYING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH? OTHER SIGNIFICANT CONTRIBUTING CONTRIBUTING CAUSES OF DEATH? OTHER SIGNIFICANT CONTRIBUTING CAUSES OF DEATH? OR CONTRIBUTION CAUSES OF DEATH? OR C
Offerend + released by Dr. FUNERAL DIRECT	ertificate must be approved by the chief medical ody was released to the hospital by a medical es: (1) An accident of any nature; (2) Body burns; (3 D.O.A. at a hospital (except where the physician ased prior to death); and (6) No physician was in approval must be obtained before the remains	DISEASES OR CONDITIONS, if any, giving fise to the obove cause (A) stoling the UNDERLYING CONDITION (A) stoling the UNDERLYING CONDITION Iost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID TO THE DISEASE OR CONDITION CAUSED TO THE DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION CAUSE OF DEATH? 27A_ACCIDENT WAL UNDERLYING ID
Offerward + Nateury by Dr.	ertificate must be approved by the chief medical ody was released to the hospital by a medical es: (1) An accident of any nature; (2) Body burns; (3 D.O.A. at a hospital (except where the physician ased prior to death); and (6) No physician was in approval must be obtained before the remains	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the string of the control of the con
Offerward + Meered by Str.	cate must be approved by the chief medical evas released to the hospital by a medical eAn accident of any nature; (2) Body burns; (3) at a hospital (except where the physician prior to death); and (6) No physician was in proval must be obtained before the remains	DISEASES OR CONDITIONS, if any, giving fise to the obove cause (A) stoling the UNDERLYING CONDITION (A) stoling the UNDERLYING CONDITION Iost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID TO THE DISEASE OR CONDITION CAUSED TO THE DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION CAUSE OF DEATH? 27A_ACCIDENT WAL UNDERLYING ID

COOKEY, CHARLES EDWARD BY TIPY LES 1461 DARTHOUTH AVE BALTIMORE 34 MD LINION MCMORIAL HOPPITAL 1401 DARTMOUTH ALE 10-28-05 61 M MARRIED CLESK FLMENCE - PETIRED MARYLAND EISH COCKET, CHAPLES EDWARD COCKET, HEREN VICLA MAHAMMANDES - WWITE 214-01-0897 MAS FAMILIE H COCKEY (SAME) Major and Sandar Son alleralen M. H. Lee Lee 10/12/6E FIE HIP HEME IT FEEL BOWN CELLIA GER 6 56 61 Oct 3 9/26/67 67 Oct 3 67 FR sillen James THE 14 SE PERSON IN SERVICE

ype	or Print)		CA THER	INE G.	BYRNES		er 4, 1967.	
PLA	ACE OF DEA	TH IN BALTI			Darding	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived, If in	nstitution: residence before admiss
	LL NAME OF		in hospitol o	r institution, g	live street	Md.		27-0
	TITUTION	000,000	01 10 00 110 117			C. CITY OR TOWN (If o		RURAL ond give township)
	0.	Pine 1	Ridge 1	Nursing	Home	D. STREET ADDRESS	f rurol, give location)	21214
	90	, 2110					331 Harford	Road
SEX		6. RACE		WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
_	male	White		Wid	•	Nov. 19, 1886.	80	
		JPATION (Give		OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Housew		iii ii reiii ee j			Maryland		USA
	THER'S NAM					14. MOTHER'S MAIDEN NA		OGEL
		Wil	liam C	olbert			Mary 0'1	Keefe
		Ever in U. S.			16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	(ii yes, give	wor or doles	or service/	SECORITI NO.	Mr. John T. By	rnes	(Same)
18	4. 2	an 1			CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEAS	E OR COND	ITION DIRE	CTLY	Λ	1.11		ONSET AND DEATH
		LEADING TO			w. H.	05 1/2/	_	Effet.
					(A) 2 1			
(1	This does n	al mean the	made of	dying, e.g.,	DUE TO	7/	. /	
h	earl failure,	asthenia, etc.	. It means	the disease,	DUE TO	1/2 17	Q. 100/2	10 11
h	earl failure, ijury ar cam	asthenia, etc plicotian whi	. It means ch caused	the disease,	DUE TO	Lew Feb	Bullafer	in r
h	earl failure, ijury ar cam	asthenia, etc.	. It means ch caused	the disease,	(B) (B) (D) E TO	Lew Fet	Bullafes	m n
h-in	earl failure, njury ar cam A DISEASES O	asthenia, etc plicotian whi ANTECEDENT OR CONDITION	. It means ch caused I CAUSES ONS, if a	the disease, death.)	DUE TO	Ked Feb	Bullates	in r
h-in D	earl failure, njury ar cam A DISEASES O se ta lhe	asthenia, etc plicotian whi ANTECEDENT PR CONDITION abave co	. It means ch caused 「CAUSES ONS, if a	the disease, death.)	DUE TO	Leed Feb	Pullafes	n ri
h-in D	earl failure, njury ar cam A DISEASES O se ta lhe	asthenia, etc. plicotian whi ANTECEDENT OR CONDITION OF A CONDITION OF CONDITION OF CONDITION	. It means ch caused 「CAUSES ONS, if a	the disease, death.)	DUE TO	Leed Feb	Pullafer	in m
h in	earl failure, njury ar cam A DISEASES O se ta the	asthenia, etc. plicolian whi ANTECEDENT OR CONDITION OF CONDITION	. It means ch caused I CAUSES ONS, if a ouse (A) N last.	the disease, death.) ny, giving stating the	(B) DUE TO	Leed Feb	Pullafer	
h in	earl failure, njury ar cam A DISEASES O se ta lhe INDERLYING OTHER SIGN!	asthenia, etc. plicolian whi ANTECEDENT R CONDITIO G abave co G CONDITIO FICANT CON EATH BUT	. It means ch caused I CAUSES ONS, if a ouse (A) N last.	the disease, death.) ny, giving stating the	DUE TO	Lew Feb	Pullafes	
hin D iii U O T D	earl failure, njury ar cam A DISEASES O se ta the INDERLYING OTHER SIGNIT O THE DI DISEASE OR	asthenia, etc. plicotian whith ANTECEDENT OR CONDITION CONDITION FICANT CON EATH BUT CONDITION	. It means ch caused I CAUSES ONS, if a ouse (A) N last. Diffons CC NOT RELAI	the disease, death.) ny, giving stating the DNTRIBUTING	(B) DUE TO			
hin D iii U O T D	earl failure, njury ar cam A DISEASES O se ta the INDERLYING OTHER SIGNIT O THE DI DISEASE OR	asthenia, etc. plicolian whi ANTECEDENT R CONDITIO G abave co G CONDITIO FICANT CON EATH BUT	. It means ch caused I CAUSES ONS, if a ouse (A) N last. Diffons CC NOT RELAI	the disease, death.) ny, giving stating the DNTRIBUTING TO THE	DUE TO	Lead Feb		FINDINGS CONSIDERED
Pin Disignation Of the Disignati	earl failure, njury ar cam A DISEASES O se to the INDERLYING DITHER SIGNITION THE DISEASE OR	asthenia, etc. plicotian whi ANTECEDENT OR CONDITIO abave co GCONDITIO FICANT CON ETCANT CON CONDITION OPERATION	. 11 means ch caused I CAUSES ONS, if a ouse (A) N last. DITHONS CONOT RELATIONS IT TO THE CAUSING IT 198. CONEWAS PERFO	the disease, death.) ny, giving stating the DATRIBUTING FOR VORMED	(B) DUE TO (C) VHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
Prince All Carlon At Carlo	earl failure, njury ar cam A DISEASES O se to the INDERLYING OTHER SIGN! OTHER SIGN! OTHER DI DISEASE OR A A A CONTRIBU	asthenia, etc plicotian whi ANTECEDENT OR CONDITION OF CONDITION FICANT CON EATH BUT CONDITION (OPERATION)	. It means ch caused IT CAUSES ONS, if a couse (A) N last. DITHONS CONOT RELAINED IT TO BE CONE WAS PERFORMED TO SEE OF	the disease, death.) ny, giving stating the DATRIBUTING FOR VORMED	(B) DUE TO (C) PLACE OF INJURY (e.g., form, foctory, street, c.	20A. AUTOPSY? (Yes or h	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
Hind In	earl failure, njury ar cam A DISEASES O se to the INDERLYING OTHER SIGN! OTHER SIGN! OTHER DI DISEASE OR A. DATE OF R CONTRIBUTE EATH (notify) D. TIME	ashenia, etc. plicolian whi ANTECEDENT R CONDITIO G CONDITIO FICANT CON EATH BUT CONDITION OPERATION AT WAS UND TIME CAU	. It means ch caused IT CAUSES ONS, if a puse (A) N last. Dittons CO NOT RELATIONS IT RELATIONS IT RELATIONS IT RESERVITING IT IS CONE WAS PERFORMAN PERFORMAN IN THE PUBLISH OF THE PUBL	ny, giving stating the DATRIBUTING FOR VORMED	(B) DUE TO (C) PLACE OF INJURY (e.g., form, foctory, street, c.	20A. AUTOPSY? (Yes or h	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
WEDICAL CEXIFICATION OF THE PROPERTY OF THE PR	earl failure, ripry ar cam A DISEASES O Se to the INDERLYING OTHER SIGNITION OTHER DIDISEASE OR A. DATE OF A. ACCIDEN R. CONTRIBU EATH (notify)	ashenia, etc. plicolian whi ANTECEDENT OR CONDITIO GOODITIO FICANT CON EATH BUT CONDITION OPERATION IT WAS UND TIMG CAU medical exam	. It means ch caused IT CAUSES ONS, if a puse (A) N last. Dittons CO NOT RELATIONS IT RELATIONS IT RELATIONS IT RESERVITING IT IS CONE WAS PERFORMAN PERFORMAN IN THE PUBLISH OF THE PUBL	ny, giving stating the DATRIBUTING ED TO THIS DATA FOR VORMED 21B, hometc.,)	(B) DUE TO (C) PLACE OF INJURY (e.g., e, form, foctory, street, co	20 A. AUTOPSY? (Yes or Nin or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
WEDICAL CEXIFICATION OF THE PROPERTY OF THE PR	earl failure, njury ar cam A DISEASES O se to the INDERLYING OTHER SIGN! OTHER SIGN! OTHER DI DISEASE OR A. DATE OF R CONTRIBUTE EATH (notify) D. TIME	ashenia, etc. plicolian whi ANTECEDENT OR CONDITIO GOODITIO FICANT CON EATH BUT CONDITION OPERATION IT WAS UND TIMG CAU medical exam	. It means ch caused IT CAUSES ONS, if a puse (A) N last. Dittons CO NOT RELATIONS IT RELATIONS IT RELATIONS IT RESERVITING IT IS CONE WAS PERFORMAN PERFORMAN IN THE PUBLISH OF THE PUBL	ny, giving stating the DATRIBUTING ED TO THIS DATA FOR VORMED 21B, hometc.,)	(B) DUE TO (C) PLACE OF INJURY (e.g., ce, form, foctory, street, ce INJURY OCCURRED IN Not Whi	20A. AUTOPSY? (Yes or hin or obout 21C. WHERE DID INJURY OCCUR?	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
WEDICAL CEXTIFICATION OF THE PROPERTY OF THE P	earl failure, njury ar cam A DISEASES O se to the INDERLYING DITHER SIGNITO O THE DI DISEASE OR A. DATE OF A. A. A. C. CIDEN R. C. ONTRIBU EATH (notify) D. TIME F. INJURY APPROX.)	ashenia, etc. plicolian whi ANTECEDENT R CONDITIO abave co CONDITIO FICANT CON FICANT CON OPERATION T WAS UND TIMG CAU medicol exom (Month) (De	. It means ch caused I CAUSES ONS, if a ouse (A) N last. DITHONS CONOT RELAID CAUSING IT 198. CONE WAS PERFORMAN SERLYING SEE OF niner)	ny, giving stating the DNTRIBUTING FOR VORMED 218, hometer, White Work Work Work Work Work Work Work Work	(B) DUE TO (C) PLACE OF INJURY (e.g., of the form, foctory, street, of the foctory in the focto	20A. AUTOPSY? (Yes or him or obout 21C. WHERE DID office bidg., INJURY OCCUR?	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location)
D 19 21 21 21 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0	earl failure, njury ar cam A DISEASES O se to the INDERLYING OTHER SIGNITION OTHER SIGNITI	ashenia, etc. plicolian whi ANTECEDENT R CONDITIO abave co CONDITIO FICANT CON FICANT CON OPERATION T WAS UND TIMG CAU medicol exom (Month) (De	. It means ch caused IT CAUSES ONS, if a ouse (A) N last. DITHONS CC NOT RELATED THE CAUSING IT 198. CONE WAS PERFORMAN SE OF oniner) s hospital)	ny, giving stating the DITRIBUTING TO THIS DITON FOR VORMED 218, hometc.) (Hour) 21E. Whiwer attended the death, and the death of the	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, company) INJURY OCCURRED Le At Not Which At Work	20A. AUTOPSY? (Yes or him or obout 21C, WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED (USES OF DEATH? The City, give exact location)
Dried To Certification of the control of the contro	earl failure, ripry ar cam A DISEASES O SE 10 INDERLYING DITHER SIGNITI O THE DI DISEASE OR A. A. CIDEN R CONTRIBU EATH (notify ID. TIME F INJURY APPROX.) 2. I certify out (I) (we)	ashenia, etc. plicolian whi ANTECEDENT OR CONDITION OR CONDITION FICANT CON EATH BUT CONDITION OPERATION OPERATION (Month) (Do that (1) (this	. It means ch caused IT CAUSES ONS, if a pouse (A) N last. DITTONS CONT RELATED TO THE CAUSING IT TO	ny, giving stating the DNTRIBUTING FOR VORKED 218, hometc.) (Hour) 21c. Whi Wor attended the falive an	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, company of the property of the	20 A. AUTOPSY? (Yes or heim or obout 21 C. WHERE DID INJURY OCCUR? 21 F. HOW DID IN	Old 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED (USES OF DEATH? The City, give exact location)
Dining U OT TELEVISION (A CEXILIA CE	earl failure, ripry ar cam ADISEASES OF SECTION OF THE DISEASE OF THE DISEA	ashenia, etc. plicolian whi ANTECEDENT OR CONDITION OR CONDITION FICANT CON EATH BUT CONDITION OPERATION (Month) (Do that (1) (this last saw the	. It means ch caused IT CAUSES ONS, if a pouse (A) N last. DITTONS CONT RELATED TO THE CAUSING IT TO	ny, giving stating the DNTRIBUTING FOR VORKED 218, hometc.) (Hour) 21c. Whi Wor attended the falive an	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, company of the property of the	20A. AUTOPSY? (Yes or him or obout 21C, WHERE DID office bldg., INJURY OCCUR?	Old 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location) Inian death accurred an the
Dining U OT TELEVISION (A CEXILIA CE	earl failure, ripry ar cam A DISEASES O SE 10 INDERLYING DITHER SIGNITI O THE DI DISEASE OR A. A. CIDEN R CONTRIBU EATH (notify ID. TIME F INJURY APPROX.) 2. I certify out (I) (we)	ashenia, etc. plicolian whi ANTECEDENT OR CONDITION OR CONDITION FICANT CON EATH BUT CONDITION OPERATION (Month) (Do that (1) (this last saw the	. It means ch caused IT CAUSES ONS, if a pouse (A) N last. DITTONS CONT RELATED TO THE CAUSING IT TO	ny, giving stating the DNTRIBUTING FOR VORKED 218, hometc.) (Hour) 21c. Whi Wor attended the falive an	VHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, c.) INJURY OCCURRED Le At Not White At Work has deceased from the dec	20A. AUTOPSY? (Yes or him or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN Injury Occur.	Old 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED (USES OF DEATH? The City, give exact location)
NOTE DISTRICT TO STATE OF THE PROPERTY OF THE	PALACCIDEN R CONTRIBUEATH (notify load (I) (we) and haur	ashenia, etc. plicolian whi ANTECEDENT OR CONDITIO I abave co CONDITIO FICANT CON FICANT CON OPERATION IT WAS UND TING CAU medical exam (Month) (Do that (I) (this fram the co	. It means ch caused IT CAUSES ONS, if a pouse (A) N last. DITTONS CONT RELATED TO THE CAUSING IT TO	ny, giving stating the DNTRIBUTING FOR VORKED 218, hometc.) (Hour) 21c. Whi Wor attended the falive an	VHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, c.) INJURY OCCURRED Le At Not White At Work has deceased from the dec	20A. AUTOPSY? (Yes or him or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN 19 and to view the bady after death of the bady after death of the bady of the	Old 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location) Inian death accurred an the
NOTE DISTRICT TO STATE OF THE PROPERTY OF THE	earl failure, ripry ar cam ADISEASES OF SECTION OF THE DISEASE OF THE DISEA	ashenia, etc. plicolian whi ANTECEDENT OR CONDITION The abave of CONDITION OF CONDITION OPERATION AT WAS UND TING CAU medical exam (Month) (Do that (I) (this last saw the fram the co	. It means ch caused IT CAUSES ONS, if a pouse (A) N last. DITTONS CONT RELATED TO THE CAUSING IT TO	ny, giving stating the DNTRIBUTING (FED TO THIS DITION FOR VORMED 21E, White White Words attended the dailye an	VHICH OPERATION PLACE OF INJURY (e.g., of form, foctory, street, of the foctory) INJURY OCCURRED IN At Work the deceased from the decea	20A. AUTOPSY? (Yes or him or obout 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN 19 and to wiew the bady after death	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimor) IJURY OCCUR? That in (my) (aur) api	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location) Inian death accurred an the
h in Dried World Are a series of the series	PARTIES OF THE SIGNIFICATION OF THE DISEASE OR THE	ashenia, etc. plicolian whi ANTECEDENT OR CONDITIO I abave co CONDITIO FICANT CON EATH BUT CONDITION OPERATION IT WAS UND TING CAU medical exam (Month) (Do that (I) (this last saw the fram the co RE WATION, 248	. It means ch caused IT CAUSES ONS, if a pouse (A) N last. DITTIONS CC NOT RELATED IT TO BE CONE WAS PERFORMAN PERFORMAN (Year) Shospital) e deceased auses state	ny, giving stating the DNTRIBUTING FOR VORKED 21B. hom etc.) (Hour) 21E. Whi War attended the data above. (**	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, compared to the	20A. AUTOPSY? (Yes or his or obout 21C. WHERE DID INJURY OCCUR?) 21F. HOW DID IN 19 and 19 a	IJURY OCCUR? That in (my) (aur) apl	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location) Inian death accurred an the
h in Dried World Are a series of the series	earl failure, ripry ar cam ADISEASES OF SECTION OF THE DISEASE OF THE D	ashenia, etc. plicolian whi ANTECEDENT R CONDITIO B CONDITIO FICANT CON FICANT CON FICANT CON OPERATION AT WAS UND TING CAU medical exam (Month) (Da that (I) (this fram the co	. It means ch caused IT CAUSES ONS, if a pouse (A) N last. DITTIONS CC NOT RELATED IT TO BE CONE WAS PERFORMAN PERFORMAN (Year) Shospital) e deceased auses state	ny, giving stating the DNTRIBUTING (ED TO THI DITION FOR VORMED (Hour) 21E. Whi Wor attended the alive an actended the data was attended the data was atte	VHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, c.) INJURY OCCURRED le At	20A. AUTOPSY? (Yes or him or obout 21C. WHERE DID Office bldg., INJURY OCCUR? 21F. HOW DID IN 19 and 1 view the bady after death ending Med. Director 23D. ADDRESS 24D.	IJURY OCCUR? 19 ta Chat in (my) (aur) apl	FINDINGS CONSIDERED (USES OF DEATH? The City, give exact location) 238. DATE SIGNED 238. DATE SIGNED (Stol)

The state of the second of the

We will the same and the same a

ellused

the fair and 122

(Aug. 1) Sept. 1. Sept. 188

and their long to the second real second r

the second that the second transfer is the second

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT	0=1-
BIRTH NO. 67 9545 CERTIFICATE OF DEATH Registered No. 67	9545
M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH	
True as Bird	6.00
Rebecca F. Johnson Oct. 5,1967 Description: Place of Death IN Baltimore, Martland 14. USUAL RESIDENCE (Where deceased lived, If institution: residence in the state of the s	0:00 a.n
A. STATE B. COUNTY	ence betore damission
FULL NAME OF (If not in hospital or institution, give street)	
HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and gi	ve township)
Raltimara	27-11
Maryland General Hospital D. STREET ADDRESS (If rurol, give locotion)	7 01
Margaria general maspecial	
4614 Schley Ave.	
6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDQWED, DIVORCED (specify) 1 0 1000 lost birthday) Months; Do	Yr. If Under 24 Hrs ys Hours Min.
temale white widowed March 8, 1889 lost birthdoy 78 Months Do	
Ta, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry)	
one during most of working lite, even if retired)	COUNTRY?
Housewite Maryland USA	
3. FATHER'S NAME	
Reizek Not known	
	N. D. P. C. C.
	DDRESS
no 220323088D Morris B. Johnson Ir 4005 W	ilke Ave.
No. SECURITY NO. SECURITY NO. 203230880 Morris B. Johnson, gr 4005 W CAUSE OF DEATH ON	ERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	SET AND DEATH
LEADING TO DEATH Arte selectes and Adenter sive 9/2	160 42 10/5-16
(This does not mean the made of dying, e.g., DUE TO	10/01/01/0
heart failure, asthenia, etc. Il means the disease,	
injury or complication which coused death.)	
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last.	
Z CONTRIBUTION	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION 120A, AUTOPSYZ /Yes or No. 20B, IF YES WERE FINDINGS CO	NSIDERED
WAS PERFORMED YES OF DEA	TH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Soltimore City, give e	ract location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg INJURY OCCUR?	AUCT TOCOHOTT
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
While At Not While	
Work Af Work	-
22. I certify that (1) (this hospital) attended the deceased from Rept 30 1967 to Detect	5 1967
that (N(we) lost sow the deceased alive on October 5 19 67 and that in (my) (our) opinion death	occurred on the do
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE	IGNED
Joungit Moon M.D. Attending Med. Stoff Director Phys. Doct	5 1867
	- 1 - /
NAME (Type)	
Yountsik MOON Manford tress. Hospital	
	ounty) (Stote)
REMOVAL (Specify)	ounty) (Stote)
burial 10/9/67 Parkwood (emetery Baltimore, Md.	
burial 10/9/67 Parkwood Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
burial 10/9/67 Parkwood (emetery Baltimore, Md.	ADDRESS



67	9546 BALTIMORE CIT	TY HEALTH DEPARTMENT	67 9546
M.E. CASE NO.	9546 CERTIFICA	ATE OF DEATH Regis	stered Na. 07 0090
NAME OF DECEASED		2. DATE AND HOUR	1 1 (
Type or Print) Evelyn B.	Wingate	October 5	5.1967 12.018
PLACE OF DEATH IN BALTIMORE MARYLAN	ID		ed lived. Il institution: residence before admission
		M.J	
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN (II outside city	limits, write RURAL and give township)
INSTITUTION		Baltimore	27-0
6012 Harford Road		D. STREET ADDRESS (If rurol, give	location)
		6012 Hartord A	
SEX 6- RACE 7- M	ARRIED, NEVER MARRIED		
	DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (I	n yeors II Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	married	Jeb. 3.1905	62
A. USUAL OCCUPATION (Give kind of work 10B, It no during most of working life, even if retired)	IND OF BUSINESS OR INDUSTE	11. BIRTHPLACE (Stote of foreign country	y) 12. CITIZEN OF WHAT COUNTRY?
Housewite		Manuland	1101
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	USA
		44 . 04 4 0	, ,
George Blake		Marie Blanche Bl	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (II yes, give war or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	4.0	Elman H Illingata	(2)
18.	CAUSE	Elmer H. Wingate OF DEATH efinitive bone metal of undefforentiated carcinoma	INTERVAL BETWEEN
19910	CHOSE	V 647111	ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	*	D'item I me meta	Thank.
(This does not mean the made of dying	(A) A)	finuse via here	
heart failure, asthenia, etc. It means the	lisease,	1. Ho sortisted	
injury or complication which caused death	i.) J.	y undifference	(a months
ANTECEDENT CAUSES	(8)	o prema	
DISEASES OR CONDITIONS, if any,	giving		
rise to the above cause (A) statis	ng the (C)		
UNDERLYING CONDITION Iasi,			
II			
OTHER SIGNIFICANT CONDITIONS CONTR			
DISEASE OR CONDITION CAUSING IT.	10 Inc		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF	YES, WERE FINDINGS CONSIDERED RTIFTING CAUSES OF DEATH?
0	-		which are an again.
	21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID () office bldg., INJURY OCCUR?	If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	etc.)	onice sing, INJURI OCCUR:	
21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCC	C11P2
S OF INJURI	While At Not Wi		our.
(APPROX.)	Work Al Wor		
22. I certify that (I) (this haspital) atte	ended the deceased from	11043	to Oct 5 1967
	100 0 0	19 6 7 and that in (my	
that (1) (we) last saw the deceased ali	ve an	and that in (my	r) (our) apinian death accurred an the de
and haur and from the causes stated at	pave. (I) (We) (did) (did not)	view the bady after death.	
23A. SIGNATULE			23B. DATE SIGNED
Allem	M.O. A	ttending Med. Stolf Phys.	10/5/67
23 C. PHYSICIAN'S		23D. ADDRESS	, , - , ,
NAME (Type)			
	M. [0.	
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY or C	REMATORY 240. LOCATION	(City, town, or county) (Stote)
Land Capecily	n 1 10	01	A I
ourial 10/9/67	Parkwood (em	etery Baltim	nore, Md.
5A. DATE REC'D BY HEALTH DEPT! 125B. I	NAME OF REGISTRAR	250. FUNERAL DIRECTOR	
OCT 6 1067 10.0	A & talleuna	Leonard Jo Ruc	ck, Inc Baltimore, Mc
C 160 DEV 1/1111 0 1301 ULA		7 9 11 1	



		CM C	ACT ACTO	HEALTH DEPARTMENT		OF AN
			547 CERTIFICA	TE OF DEATH	Registered No.	07 3047
	M.E.	CASE NO. AME OF DECEASED		2 DATE AND	HOUR OF DEATH	
-1		e or Print) George	P. Bitter		,1967	13:30 A
	3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND	1. 30000	4. USUAL RESIDENCE (Where of	- / /	on: residence before admission)
				A. STATE B. COUNTY		
		ULL NAME OF (If not in hospital or institut OSPITAL OR address or location)	ion, givo stroot	Md.		
		ISTITUTION		C. CITY OR TOWN (If outsid	e city limits, write RURAL	ond give lownship)
	1	Harris On The Dinas	Varania Hama	Baltimore 3	34	04/00
		House In The Pines 1	vursing riome	A .	ol, give location)	
	_	5637 Belair Road		3215 Rosalie		
	5. SI		RIED, NEVER MARRIED OWED, DIVORCED (specify)	los	AGE (In years If L t birthdoy) Mon	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
	m		arried :	3/28/1894	73	
		USUAL OCCUPATION (Give kind of work 10 B. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY?
			lto. G&E Co	Marvland		USA
		ATHERS NAME	TOO. GOLD CO	14. MOTHER'S MAIDEN NAME		
		Amial Dittam	ò			
		Amiel Bitter Vos Deceasod Ever in U. S. Armod Forcos?	1 16, SOCIAL	Anna :	(0)	ADDRESS
	(Yes,	no or unknown) (If yos, give wor or dotes of serve		IV. INFORMANT		ADDRESS
	No		2 2 055638	Mrs Marie Bit	ter	same
		18. 3. 2.4 XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY	8.34	- n :-	_	di a
2		LEADING TO DEATH	a (A) (V3	ent Premonti	, L	7 days,
5		(This does not mean the made of dying, heart failure, osthenia, etc. It means the disc		5 amen	in	0
		injury ar complication which caused death.)	5 1	- 7 1 2 x	100	
		ANTECEDENT CAUSES	A DUE TO	Called Call	and a second	
		DISEASES OR CONDITIONS, if ony, gi		- color Colo	, 2	
2		rise to the abave couse (A) stoling UNDERLYING CONDITION last.	The E	Minimum A	ender Oleanne	
	- }	· ·	BY	2 10 0	e 1	
4	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBU		a; Mulyel Decal	to Ulum.	
	ATI	TO THE DEATH BUT NOT RELATED TO	THE Chinen Tract in	forty (indulling Coth	E) BP.H.	
		19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPPRATION	20A. AUTOPSY? (Yell or No)	OB. IF YES, WERE FINDING CAUSES	NGS CONSIDERED
	ERTIFIC	8/22/67 Fx (with	shake) befor leven	hu	IN CERTIFIEND CAUSES	OF DEATH:
	O	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg. INJURY OCCUR?	(If in Boltimore City,	give exact location)
3	AL	DEATH (notify medical examiner)	etc.)			
0	ō	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	> I	OF INJURY (APPROX.)	While At Not Whil	e		
	-		Work At Work	1511	15	6 6 1 15
3		22. I certify that (I) (this hospital) attend	m. m		6 / to	getter 6 19 67.
		that (1) (we) lost sow the deceased alive			in(my) (🗪 apinion	deoth occurred an the dote
		and hour and from the causes stoted obox	re. (1) (Ma) (did) (did not) v	iew the body after death.		
2	1	23A. SIGNATURE				DATE SIGNED
		/ Work D Bradley	M.D. Atte	s. Med. Sto	off ys.	0/1/12
	1	23C-PHYSICIAMS NAME (Type)		23D. ADDRESS		
		Dr. All-	M.D.	4900 Belair R	d. Balto. 1	Md. 21206
2	24A.	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY or CRI			vn, or county) (Stote)
	_	REMOVAL (Specify)				
		urial 10/9/67 F	Holy Redeemer	Cem. Balt	imore City.	Maryland
	25A.	DATE REC'D BY HEALTH DEPT.	ME OF REGISTRAN	25C. FUNERAL DIRECTOR) / / /	ADDRESS // /
		1604	7	Leonard y.	luck, Inc B	altimore, Md.
	VS 1	50-REV. 1/1/65				

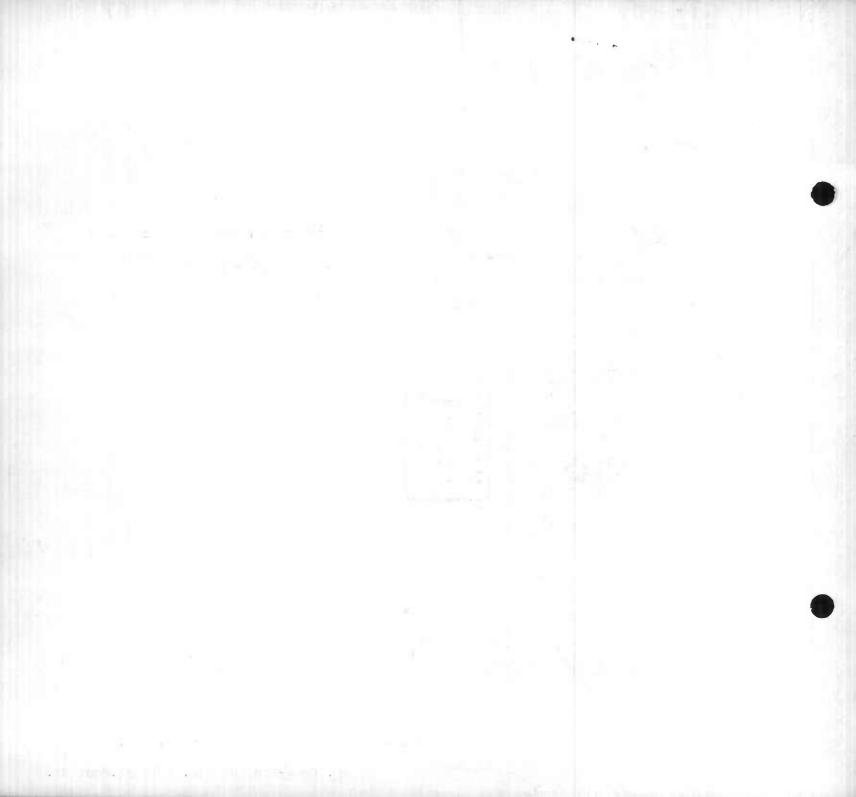
aco Pracurate 4 de descrita 19 de de descrita 19 de descrita de Hogan Maria -Anthinese Continues a Barrer Rebour Dissert Westfile Browning Ethern Women Trans inforth (industry called) BPPH 8/22/67 Foliane Supper

V\$ 150-REV. 1/1/65

Inches a place offection

Basisti . Predok

3.4	3-250 BALTIMORE CITY HEALTH DEPARTMENT	67, 9549
2/3	BIRTH NO. 67 9549 CERTIFICATE OF DEATH Registered No.	0), 0030
13 7 E E & E O	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
0000	(Type or Print)	1 25
160° 20° 2°	TREE OF DEATH IN BALTIMORE MARYLAND 3. PLACE OF DEATH IN BALTIMORE MARYLAND 14. USUAL RESIDENCE (Where deceased lived, 16 inst	bitution: residence before admission
A	A, STATE B. COUNTY	monon, residence before build ssign)
d= 50 0 co	FULL NAME OF (If not in hospital ar institution, give street) Wd.	
de la	HOSPITAL OR oddress or location C. CITY OR TOWN (If outside city limits write RU	JRAL ond give township)
7 2000	1) grun BAITIMIRE	18. 12-00
2 in a star	D. STREET ADDRESS (If rurol, give locotian)	4
P P die	23 Enet 22 4	treet
bo ad ad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) last birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Days Haurs Min.
Se garin	WIDOWID, DIVORCED (specify) 2-23-06 last birthday)	Win.
o c c c c c c c c c c c c c c c c c c c	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country)	12. CITIZEN OF
on on the state of	done during most of working life, even il retired)	WHAT COUNTRY?
S P S	Painter Johnson City, T	lennessee 3
rif d (4) U (4) U way the ispas	William Jackson 14. MOTHER'S MAIDEN NAME	attie Kirkpatrick
F : 5 4	1 technon	TILL KIINPACTICK
E B E E B	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
he deat deat ce o	(Yes, no or unknown) (If yes, give war ar doles of service) SECURITY NO.	
E -	A I I E W	INTERNAL TOTAL
ar ar	18. 9/6.0 I S CAUSE OF DEATH	ONSET AND DEATH
Sa,	DISEASE OR CONDITION DIRECTLY S 2 40 % 30 By	18hrs.
att att	S Sign /	1007
20 - 8	heort foilure, osthenio, etc. It means the disease > 1 1	
마마마	injury or complication which caused death.)	
9 0	ANTECEDENT CAUSES	
re re	DISEASES OR CONDITIONS, if any, giving	
E E S	DISEASES OR CONDITIONS, if any, giving trise to the above cause (A) stoling the Underlying Condition last.	
SE		
3 E	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 3	
E -	2 TO THE DEATH BUT NOT RELATED TO 16	
e i		NDINGS CONSIDERED
rsi +	19A. DATE OF OPERATION 19B. CONDITION FO WHICH OPERATIO 20A. AUTOBSY? (Yes or No.) 20B. IF YES, WERE FI	SES OF DEATH?
fare	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore	City, give exact location)
o p efc	OR CONTRIBUTING CAUSE OF home, form, factory, street, affice bldg., INJURY OCCUR?	nd C+ /M
ZZo	nome 23 Cast 27	-37.12-06
6 d	21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not W	
a .E	(APPROXI) 10 - 7 - 67 11 May Work At Work Time - Snisking	
bta	22. I certify that (W(this hospital) attended the deceased fram / U - V 19 67 ta	10-3 1967.
00	The state of the s	
F 2	that (I) (we) last saw the deceased alive an 10-3 19 6 7 and that in (my) (our) apini	ian death accurred an the date
death) must b	and hour and fram the couses stated abave. (1) (We) (did) (did not) view the body after death.	
de de		23B, DATE SIGNED
P P	M.D. Attending Med. Director Phys.	10-3-67
N	23C. HYSICIAN'S	1 1
A. at pria	NAME (Type)	1 Am
	FEMAL OF BILLER	
o c	REMOVAL (Specify)	, town, or county) (State)
D.O dase	Burial 10/6/67 Oak Lawn Cemetery Baltimore Co.	Md.
was D. decease written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
d ×	OCT 6 1967 (R.C. o & tallents) Wm. Cook-Brooks, Inc. 121	
	VS 150-REV. 1/1/65	LI DE.FAUL DL.



VS 150-REV. 1/1/65

		er Schwearing	10/3/1967	
FULL NAME OF HOSPITAL OR	OF (If not in hospital oddress or location	or institution, give sheet	A. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside city limits, wr	Balts.Co
11	heran Hespi	tal	Catonsville D. STREET ADDRESS (If rural, give location)	53-00
sex Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH Aug. 22,1899 One of the state of the st	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
We'l'de'	working life, even if retired)	Balto City	11. BIRTHPLACE (Stote or foreign country) Frederick Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Louis	Schwea rin	g .	Margaret Wolf	
es, no or unknow	Ever in U. S. Armed For n) (If yes, give wor or dote	s of service) SECURITY NO	Thomas R. Harding RFI	Annapolites Rd.
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE D	asthenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) G CONDITION lost. IIIIICANT CONDITIONS CONDITIONS CAUSING I CONDITION CAUSING I	deoth.) any, giving stoling the (C) Ortributing Contributing Liter to the	ile Caronary thus his sclearfic lear	dislare,
	F OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
19 A. DATE O	NT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in		
19A. DATE O 21A. ACCIDE OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medicol exomines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At	ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	

· cy - Dankala Will the Contract of the secondary . as assistant to the Seal of ALL ALE SHEET DA the restaurant in the pulling in the case of the party

65	OSS4 BALTIMORE CIT	Y HEALTH DEPARTMENT	OF OFFA
IRTH NO. 67-19199 67	CERTIFICA	ATE OF DEATH Reg	istered No. 67 9551
NAME OF DECEASED	. ~ 1	2. DATE AND HOU	R OF DEATH
Type or Print) Baby Bay	Holl	9-26-	- 1967 0645 1
PLACE OF DEATH BY BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where decess	sed lived. If institution, residence before admissi
		plaryland	
FULL NAME OF (If not in hospital or in hospital or oddress or location)	institution, give street	C. CITY OR TOWN (If outside city	limits, write RURAL and give toweship)
INSTITUTION	•		
Hurion Memo	- 0 6/	D. STREET ADDRESS, (If rurol, giv.	e location)
mon Memo	real Hoopila	1664 shadyside Ka	
. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	8. DATE OF BIRTH 67 9. AGE	(In years If Under 1 Yr. If Under 24 day) Months Days Hours Mit
M White	WIDOWED, DIVORCED (specify)	9-23-69	3
OA. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTR		
one during most of working life, even if retired)		Maryland	U. S. H
3. FATHER'S NAME	· ·	14. MOTHER'S MAIDEN NAME	(2.17
MOTT DWIGHT	114 00 -111	FINNIS 1EGO	
5. Was Deceased Ever in U. S. Armed Forces fos,no or unknown) (If yes, give wor or dotes o	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Outside the same	
18. 7 7 / VI	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY		
LEADING TO DEATH	(A)	De Tuni	4
(This does not mean the made of dy	ring, e.g., DUE TO	nemana	
heart failure, asthenia, etc. II means the injury or complication which caused de			3h
	(R)	Premature M. Hab	76164
ANTECEDENT CAUSES	DUE TO	- 91	20101
rise to the above cause (A) st		,,	
UNDERLYING CONDITION last.	(0)		
ll ll			
OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING		
DISEASE OR CONDITION CAUSING IT.	IO IME		
19A. DATE OF OPERATION 19B. CONDIT		20 A. AUTOPSY (Yes) of No. 208. II	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
w :			
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street.	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimoro City, give exact location)
DEATH (notify modical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year)	Hour 21E, INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
(APPROX.)	While At Not W		
	Work L At Wor		
22. 1 certify that (1) (this hospital) a	ottended the deceased from		10 9-26 19.67
that (1) (we) lost sow the deceased	olive on 9-26-	19 67 and that in (m	y) (our) opinion deoth occurred on the
ond hour and from the couses stated	l obove. (1) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE		•	23 B. DATE SIGNED
Est rue il	M.D. A	tronding Med. Stoff Phys.	9-26-67
23C. PHYSICIAN'S	P	23D. ADDRESS	
NAME (Type)	THE M.E	I lamba STO SEASTER OF	nand on the sales
	M.E	ANATUMT TO	SKI-DECKSKY (AND
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C NAME of CEMETERY OF C		N (City, Iown, or county) (Stot
9/22/		JOHNS HOPKIN	IS MEDICAL SCHOOL
	B. NAME OF REGISTRAR		ADDRESS .
OCT 9 1967	R. D. & E. Farbert	MORTUARY S	SERVICE - BCHD
'S 150-REV. 1/1/65'	lover c. duna.	SIAUMI L	JUNE 1101, - DOWN
3 13U=KEV. 1/1/03			

9-23-69 ne maturature - 25 -6 19 67 -6 La Back Car Mahala Ferrice . James Marachine and Marachine

	H NO.	67	7 95	52 CERTIFICA	TE OF DEAT	H Registere	67 9552	
1. N	AME OF DEC	EASED			2. DATE AND HOUR OF DEATH			
(Type of Print) VIOLA HORNER						0-7-67	11 A M	
FULL NAME OF HOSPITAL OR INSTITUTION Bolton Hill Nursing Home					4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE Md: B. COUNTY Baltimore C. CITY OR TOWN (If outside city limits, while RURAL and give township)			
					BALTINORE 33-00 D. STREET ADDRESS (If turol, give locotion) 1721 Wilson AVE			
5. 9	Female: White: 7. Married, Never Married Widowed, Divorced (specify) Widow				B. DATE OF PIRTH	9. AGE (In year lost birthday)		
done during most of working life, even if retired) Housewife Douestie						nore, Md	12. CITIZEN OF WHAT COUNTRY?	
Bruckey, James					Matthews, Lilly			
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.					17. INFORMANT		ADDRESS	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., Due to				GEORGE BR	uchey	ITZI W. ISON AUC INTERVAL BETWEEN ONSET AND DEATH	
					ebro-vascular	accident	10 days	
MEDICAL CERTIFICATION	ANTECEDENT CAUSES				teriosclerosi	sż	several years	
	DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost.							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				betes mellit	several years		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED					or No) 208, IF YES,	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)				n of obout 21C. WHERE Diffice bldg., INJURY OCCU	DID (If in)	Boltimore City, give exact location	
	21 D. TIME (Month) (Doy) (Yeer) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work				le	D INJURY OCCUR?		
	22. I certify that (# (this hospital) attended the deceased from 1-5- that (i) (we) lost saw the deceased alive an 10-6-67 19 and that in (my) (our) opinion death occurred an the date							
	and hour and from the causes stated above. (I) (We) (did) (did not) vi						23B, DATE SIGNED	
	C CC sworld Phys				ending Med. S. Director	Stoff Phys.	10-7-67	
	E. ELLSWORTH COOK M.D. 2431 Maryland Ave. Balto 21218 Md.							
244	BURIAL CRE	Specify)		BALTIMORE N	Intingal	BALTI-	(City, town, or county) (State)	
25 A		OCT 9 1967	25B. NAME	OF REGISTRAR	25C. FUNERAL DURE	STOR HUN	2001 Hudwich are	
		4414 1001	- UNCOL	N	175 465 7 4620	11	- voi innecessor ME	



V\$ 150-REV. 1/1/65



If Under 24 His.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

- 6-1967

Md.

WHAT COUNTRY?

U 5 A

VS 150-REV. 1/1/65

IMPORTAN

DIRECTOR:

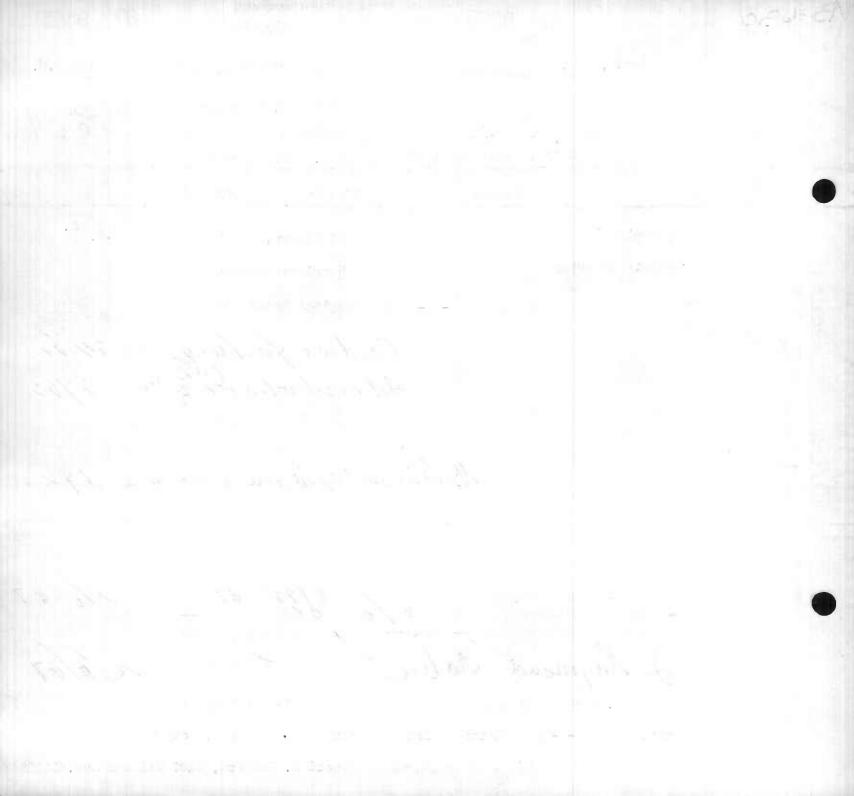
FUNERAL

But he was to be a first to the state of the

Description I.

CERTIFICATE OF DEATH BIRTH NO. Registered Na. 6:10 P.M. 4. USUAL RESIDENCE (Where decedsed lived. If institution: residence belore odmission)
A. STATE
B. COUNTY Market City limits, write RURAL and give township) If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) aplnian death accurred an the date 23 B, DATE SIGNED (City, town, or county) Woodlawn, Maryland 1967 Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

I do the a fee a BARRIOTERS. CHURCH HOME & HOSPITAL 869 5 BACAdway (21) M WHITE MARRIED 4-21-18CZ 20 542 NET1 P. C. J. Garage PunsaT Luce Franzy 219 67 81 654 CARCING MATORIES MINITES 11 garage 10 10 Types 15 -0 -1 Rydium Barzoga Ephenim BARZAGA CANKIN Home & HORF - In . . . The commence of the stage bearing the same of the stage of

FULL NAME OF MOSPITAL OF MASSIED and in beaping or institution, give street address or lecotion institution. Give street address or lecotion institution. Give street address or lecotion institution. County	M.	h/ 337/	ATE OF DEATH Registered No. 67 9557 2. DATE AND HOUR OF DEATH
FULL NAME OF DISPASE OR CONDITION DIRECTLY LEADING TO BEATH This does not mean the mode oil dying, e.g., house of unbrown of lollure, subseque, etc. il means the disease, injury or complication which coused deeth.) ANIECTED NOT DISEASE OR CONDITIONS, if ony, giving is to like the book occurs. ACL SISTOR TO THE DISEASE OR CONDITIONS (a) Storing the Country of the DISEASE OR CONDITIONS (a) Storing the Country of the DISEASE OR CONDITIONS, if ony, giving is to like obove couse (A) Stoling the UNDERLYING CONDITION Lost. THE PROPERTY OF THE DISEASE OR CONDITIONS CONTRIBUTING OF THE DISEASE OR CONDITION LOST. OTHER SCHILLIONS, if ony, giving is to like obove couse (A) Stoling the UNDERLYING CONDITION LOST. OTHER SCHILLIONS, if ony, giving is to like obove couse (A) Stoling the UNDERLYING CONDITION LOST. OTHER SCHILLIONS, if ony, giving is to like obove couse (A) Stoling the UNDERLYING CONDITION LOST. OTHER SCHILLIONS CONDITION CONDITION CONTRIBUTION CONDITION CONDITION CONTRIBUTION CONDITION CONDITION CONTRIBUTION CONDITION CONDITION CONTRIBUTION CON		WILLE FIARRIS	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admissi-
S. SEX S. RACE		HOSPITAL OR oddress or location)	C. CITY OR HOWN (If outside city, limits, write RURAL and give township)
S. SEX S. RACE		38 UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rural, give location)
Count Coun	5.	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , II Under 24 H
SALUE		e during most of working life, even if retired)	WHAT COUNTRY?
15. Was Deceased Ever in U. S. Amad Forces? (Vest.no or unknown)(i) yes, give war or dotes of service) 16. SOCIAL SECURITY NO. 217-07-95334 Mrs. Lillie Harris Holly Beach 17-07-95334 Mrs. Lillie Harris Holly Beach 17-07-9544 Mrs. Lillie Harri	13.	TOHN H. HARRIS	SALLIE ?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, estheric, ele., ill means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION tools, if ony, and the disease, injury or complication which coused death.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH WAS PERFORMED DISEASE OR CONDITION CONTRIBUTING TO RELATED TO THE DEATH MAS PERFORMED DISEASE OR CONDITION CONTRIBUTING TO RELATED TO THE DEATH MAS UNDERLYING TO RECORD CAUSES OF DEATH? OF INJURY (APPROX) 21D. TIME (Month) (Day) (Yeer) (Hour) 21E, INJURY OCCUR? OF INJURY (APPROX) 22, I certify that (M(this hospital) oftended the deceased from \$ 2.9. 19 (P. 7. to 10) ONLY TO THE CAUSE SOURCE CINOMA METASTACE UNIXAL CONSTRUCTION TO THE DISEASE OR CONDITION SOURCE TO THE DUE TO THE DISEASE OR CONDITION SOURCE TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH MAS UNDERLYING CAUSES OF DEATH? 10 DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH MAS UNDERLYING TO THE DEATH MAS UNDERLYING TO THE DEATH MAS UNDERLYING CAUSES OF DEATH? 10 DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH MAS UNDERLYING TO THE DEATH	15. (Ye	s, no or unknown) (II yes, give war or dates of service) SECURITY NO.	Annapolis, Md. Box 1200 RESS
rise to the obove cause (A) sloting the (C) UNDERLYING CONDITION lost. NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED. UNDERLYING CAUSING IT. OR CONTRIBUTING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED. UNDERLYING CAUSE OF CAUSE OF CAUSE OF CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF CAUS		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean line made of dying, e.g., heart foilure, asthenia, etc. 11 means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) DUE TO	ONSET AND DEATH
DEATH (notily medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact local part (notily medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact local part (notily medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact local part (in Baltimore City) part (in Baltimore City) part (in Baltimore		rise Ia lhe above cause (A) stating the (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (M (this hospital) attended the deceased from 8-29 1967 ta 10-2 that (I) (we) last sow the deceased alive an 10-2 and that in (my) (ever) apinion death accurre and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23C. PHYSICIANS 23C. PHYSICIANS 23C. PHYSICIANS 23D. ADDRESS	CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
that (1) (we) last sow the deceased alive an 10 - 2 and that in (my) (ever) apinion death accurre and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S 23D. ADDRESS	Ö	OF INITIBY	
23C. PHYSICIANS 23C. PHYSICIANS 23D. ADDRESS 23D. ADDRESS		that (1) (we) last sow the deceased alive an	19 6 7 and that in(my) (evr) apinion death accurred on the diview the bady after death.
Joseph Insoft M.o.		23C. PHYSICIANS NAME (Jupe) To Sonh Tracet	thending Med. Staff Phys. 10-2-67
		Burial 10/7/67 Richards Mem	orial Easton Talbot Maryland



CO OFFO BALT	IMORE CITY HEALTH DEF	PARTMENT	67 9558
BIRTH NO. 67 9558 CE	RTIFICATE OF I	DEATH Registered	No. 3, 0000
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print) M T Of 1	tr -	6:35 A.M 10-5	
3. PLACE OF DEATH IN BALTIMORE MARYLAND			If institution; residence before admission
-	A. STATE	B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street	MAR	YLAND	
HOSPITAL OR oddiess or locotion) INSTITUTION	C. CITY OR	TOWN ((f outside city limits, v	vrite RURAL and give township)
MARYLAND GENERAL HOSP.	1186 1340	TIMORE	0-1-17
1/0	D. STREET A	DDRESS (If rurol, give location	
48	56	20 PIMLICO	ROHD
5. SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCE		IRTH 9. AGE (In yeois lost birthdoy)	If Under 1 Yi. If Under 24 Hrs Months: Doys Hours Min.
Male White DIVORCES		27 40	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS		CE (State or foreign country)	12. CITIZEN OF
School teacher SCHOOL			WHAT COUNTRY?
50,4001	14 MOTHER	MAIDEN NAME	4.5.7
3. FATHER'S NAME	14. MOTHER	MAIDEN NAME	
JOSEPH BROWN	GEA	ETUIEVE G	ERAGIATY
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL		NT 12 SUTT	CIN PLADORESS SALLEL
	111		01- 1-011-02 20014
yes - FORZA WWILDSJ-FA		TH. MONACELL	
18.420,01	CAUSE OF DEATH	en a been	1 ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	HATE COOS CI	line rest	1 osser
(This does no) mean the made of dying, e.g.,	(A) Tyours	tral injured to	
hear) foilure, asthenio, etc. It means the disease,	DOE 10 /	,	
injury or complication which coused death.)			
ANTECEDENT CAUSES	DUE TO	***************************************	
DISEASES OR CONDITIONS, if any, giving			ŀ
rise to the above couse (A) stating the	(C)		
UNDERLYING CONDITION IOSI.			
Z	1	/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO	lunary &	my buy sen	م ا
	1204 41170	PSY? (Yes or No) 208, IF YES, W	CONTRACTOR
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	KATION 2003. AUTO		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
21 A ACCIDENT WAS UNDERLYING ST	101100	2	*
OR CONTRIBUTION CO	INJURY (e.g., in or obout 21 E. tory, street, office bldg., INJU	JRY OCCUR?	timore City, give exact location)
DEATH (notify medico) exominer			
Q 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OC	CURRED 21F.	HOW DID INJURY OCCUR?	
₹ (ABBBOY)	Not While		
WORK -	At Work		
22. I certify that (I) (this hospital) attended the decease	d from Sept	21 19 6 7 to	OCT. 5 1967
that (I) (we) lost saw the deceased alive an Oc.	t 5 19 6	and that in (my) (aur)	opinian deoth accurred an the da
and haur and from the causes stated above. (1) (We) (did) (did not) view the hads		
23A. SIGNATURE	/ (214 1161) 1161 1116 554)	orier decim.	23B. DATE SIGNED
	M.D. Attending	Med. Stoll	1971/62
X lenger (livers	Phys.	Director Phys.	10/4/0/
23CFMYSICIANS A NAME (Type)	23D. ADDRESS	/	
	M.D. MARY LA	THIN GENERAL L	LOSPITAL
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEN	METERY OF CREMATORY	24D. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify)		10, -	
10/9/67 ST. JO	SEPHS	1461310N	14.4.
OCT 9 1967 Pose & S	25C. FUNI		ADDRESS
OCT 9 1967 Resub 2. 4	ULLIZ	ICH FUNERILL HOIM	E 4210 BELAIR RL
VS 150-REV, 1/1/65		1101	

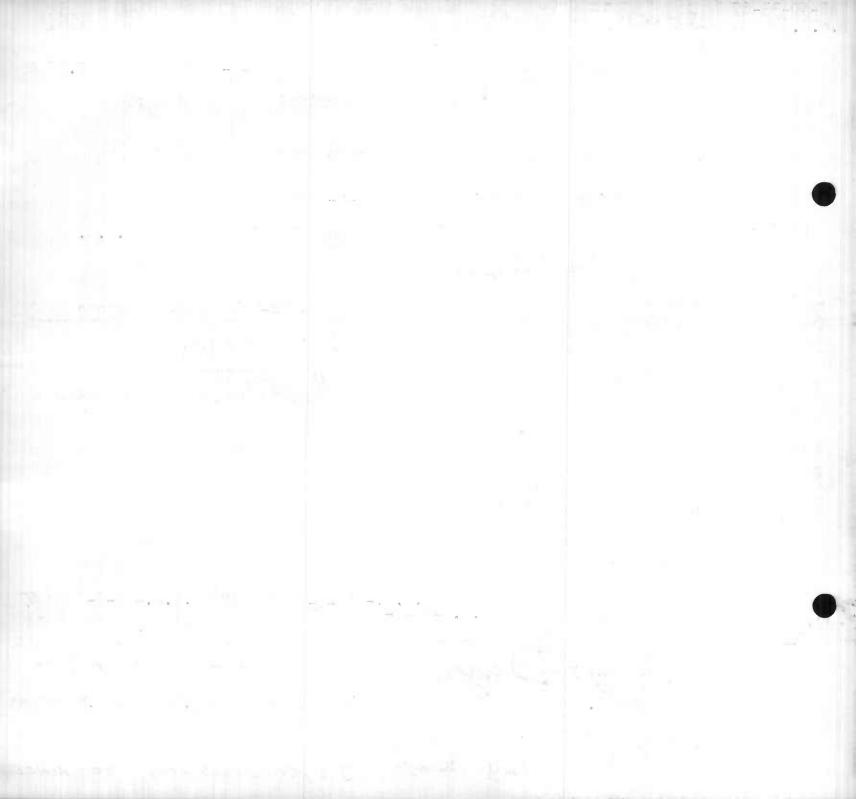


Type or Print) Alac I	NU RATE	Jean B. Bate	7.0	ND HOUR OF DEATH	1 2.22
PLACE OF DEATH IN BALTIN	MORE, MARYLAND		4. USUAL RESIDENCE (W		nstitutian: residence before admissi
	C 1 - 5 T - 5 - 10 - 10 - 10	April 1911	A. STATE B. COU	Baltimore	
	in hospitol or institution, or tocotion)	give street	C. CITY OF TOWN		RURAL and give township)
5 /			BALLIN	ORE - Dunda	alk 53-00
5 Ochwork 1/2	1/	+-/	D. STREET ADDRESS	If rural, give location)	1 1
UTTURCET HON	ME & HOSA	0/1/11	6822	1CODERI	ANE: FONIS I
SEX 6. RACE		D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 h Months: Days Hours Min
OA, USUAL OCCUPATION (Give		17	11, BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
one durifig most of working life, ever	n if retired)		IAD		WHAT COUNTRY?
3. FATHERS NAME			14. MOTHER'S MAIDEN N	AME	4,-07
LAWRENCE	DECKER		MARGARA	T 5/2	ELE
5. Was Deceased Ever in U. S. (es, no or unknown) (If yes, give	Armed Forces? war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Husba	nd Y Dur	dalk. Md. 21222
No		211-26-7255	MEIVIN BU	1 /E S Sr.	6812 Kaster
18. 4 9 0	1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND			1/250 Atom	Colt	ONSET AND DEATH
LEADING TO		(A)	1/ CERALIVE	C0/1//5	
heart failure, asthenia, etc.	. It means the disease		1 1 -	7	
injury or complication which		(B) 14)	ith DENIL	Mille 4	
ANTECEDENT		DUE TO		***/44**	
DISEASES OF COMPILIE	ONS, if any, giving				
rise to the above co			SEDlic	INDER	
	ruse (A) stating the		SEPlic	INFA	
rise to the abave co UNDERLYING CONDITION	nuse (A) stating the N last,	(C)	SEPlic	i AA E A	
rise to the abave co UNDERLYING CONDITION	nuse (A) stating the N last, DITIONS CONTRIBUTIN NOT RELATED TO TI	(C)	SEPlic	IAAEA	
vise to the above condition UNDERLYING CONDITION OTHER SIGNIFICANT CONT TO THE DEATH BUT DISEASE OR CONDITION CO	DITIONS CONTRIBUTING NOT RELATED TO THE CAUSING IT.	(C)	S F D / C	Noll 20B. IF YES, WERE	FINDINGS CONSIDERED
vise to the above condition UNDERLYING CONDITION OTHER SIGNIFICANT CONT TO THE DEATH BUT DISEASE OR CONDITION CO	DITIONS CONTRIBUTION NOT RELATED TO TELEBRISH TO TE	(C)	S F D / C	No. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
rise to the above country of the significant control of the death but to the secondarion of the death but to	DITIONS CONTRIBUTION NOT RELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED	(C)	n or obout 21C. WHERE DID	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
other significant condition to the death but disease or condition of the death but disease or condition of the death but disease or condition of the death disease or condition of the death disease or condition of the death disease of the de	DITIONS CONTRIBUTION NOT RELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF 66	WHICH OPERATION E. PLACE OF INJURY (e.g., i	NO	IN CERTIFYING C.	AUSES OF DEATH?
or contributing CAU Line to the abave condition of the DEATH BUT DISEASE OR CONDITION OF THE DEATH BUT DISEASE OR CONDITION OF CONTRIBUTING CAU Line to the abave condition of the DEATH BUT CONTRIBUTING CAU DEATH Louis, medical examples	DITIONS CONTRIBUTING TRELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF 100	WHICH OPERATION E. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	IN CERTIFYING C.	AUSES OF DEATH?
or contributing CAU DEATH LOUIS ACCIDENT WAS UND OR CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAU DEATH LOUIS MEDICAL CAU DEATH LOUIS MEDICAL EXOME	DITIONS CONTRIBUTION NOT RELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF 10 Oy) (Year) (Haur) 21	WHICH OPERATION B. PLACE OF INJURY (e.g., in the property of	n or obout 21C. WHERE DID ffice bldg. INLURY OCCUR?	IN CERTIFYING C.	AUSES OF DEATH?
rise to the above country of the significant condition to the DEATH BUT DISEASE OR CONDITION 19A.DATE OF OPERATION 8-31-67-21A. ACCIDENT WAS UNDOR CONTRIBUTING CAUDEATH CONTRIBUTING CAUDEATH CONTRIBUTING (Month) (DOOF INJURY (APPROX.)	DITIONS CONTRIBUTING RELATED TO TICAUSING IT. 19B. CONDITION FOR WAS PERFORMED ERLYING 21 hours 22 hours 22 hours 23 hours 24 hours 24 hours 24 hours 24 hours 24 hours 27 hours	WHICH OPERATION B. PLACE OF INJURY (e.g., in me, factory street on the control of the control o	n or obout 21C. WHERE DID (ffice bldg. INLURY OCCUR?	IN CERTIFYING C. (If in Boltimo	AUSES OF DEATH?
rise to the above council of the condition of the DEATH BUT DISEASE OR CONDITION OF THE DISEASE OF OPERATION B-3/-67 - 21 A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH Could medical example of INJURY (APPROX.) 21. Certify that (I) (this 22. I certify that (I) (this	DITIONS CONTRIBUTION NOT RELATED TO TO CAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF hometoments of the control of the con	WHICH OPERATION B. PLACE OF INJURY (e.g., in the deceased from Street and Work At Work the deceased from Street and Stre	n or obout 21C. WHERE DID office bido. INLURY OCCUR?	IN CERTIFYING C. (If in Boltimo	re City, give exact location)
other significant control of the death but to the death b	DITIONS CONTRIBUTION NOT RELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF 20 Soy) (Year) (Haur) 21 WW s hospital) attended e deceosed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., in the deceased from 9	n or obout 21C. WHERE DID (ffice bldg. INLURY OCCUR? 21F. HOW DID II	IN CERTIFYING C. (If in Boltimo	re City, give exact location)
rise to the above council of the condition of the DEATH BUT DISEASE OR CONDITION OF THE DEATH BUT DISEASE OR CONDITION OR CONTRIBUTING CAU DEATH COLUMN (Month) (Do OF INJURY (APPROX.) 21. I certify that (I) (this that (I) (we) lost sow the ond hour and from the co	DITIONS CONTRIBUTION NOT RELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF 20 Soy) (Year) (Haur) 21 WW s hospital) attended e deceosed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., in the deceased from 9	n or obout 21C. WHERE DID office bido. INLURY OCCUR?	IN CERTIFYING C. (If in Boltimo	re City, give exact lacation) 7 - 3 - 19 6
other significant control of the death but to the death b	DITIONS CONTRIBUTION NOT RELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF 20 Soy) (Year) (Haur) 21 WW s hospital) attended e deceosed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., imme, form, foctory, street, on the st	n or obout 21C. WHERE DID ffice bldo. INTURY OCCUR? 21F. HOW DID II le	IN CERTIFYING C. (If in Boltimo	re City, give exact lacation) 7 — 3 — 19 6 inion death occurred on the
or contributing CAU DEATH CONDITION OTHER SIGNIFICANT CONITO THE DEATH BUT DISEASE OR CONDITION 19A.DATE OF OPERATION 21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH COLUMN (APPROX.) 22. I certify that (I) (this that (I) (we) lost sow the ond hour and from the co	DITIONS CONTRIBUTION NOT RELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF 20 Soy) (Year) (Haur) 21 WW s hospital) attended e deceosed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., imme, form, foctory, street, on the st	in or obout 21C. WHERE DID ffice bldg. INJURY OCCUR? 21F. HOW DID II 19 67 ond wiew the body ofter deoth	IN CERTIFYING C. (If in Boltimo	re City, give exact location)
rise to the above council of the condition of the DEATH BUT DISEASE OR CONDITION OF THE DEATH BUT DISEASE OR CONDITION OR CONTRIBUTING CAU DEATH COLUMN (Month) (Do OF INJURY (APPROX.) 21. I certify that (I) (this that (I) (we) lost sow the ond hour and from the co	DITIONS CONTRIBUTION NOT RELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF 20 Soy) (Year) (Haur) 21 WW s hospital) attended e deceosed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., i me, farm, factory, street of the control of the control of the deceased from 3. (I) (We) (did not)	in or obout 21C. WHERE DID ffice bldg. INJURY OCCUR? 21F. HOW DID II 19 67 ond wiew the body ofter deoth	IN CERTIFYING C. (If in Boltimo	re City, give exact lacation) 7 — 3 — 19 6 inion death occurred on the
rise to the above countries to the above countries and the above countries to the above countries to the above countries and the above countries are also as a condition of the above condition of the above countries are also as a condition of the above countries.	DITIONS CONTRIBUTION NOT RELATED TO TICAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 21 SE OF 10 S	WHICH OPERATION B. PLACE OF INJURY (e.g., imperior form, foctory, street, or injury occurred by the deceased from the d	21F. HOW DID II 19 67 ond view the body ofter deoth ending Med. 23D. ADDRESS CHURC Ch	IN CERTIFYING C. (If in Boltimo	re City, give exact location) 7 — 3 — 19 6 — inion death occurred on the accurred on the accu
or the significant control of the property of the pears o	DITIONS CONTRIBUTING RELATED TO TICAUSING IT. 19B. CONDITION FOR WAS PERFORMED ERLYING 21 hours 22 hours 22 hours 24 hours 25 hours 26 hours 26 hours 26 hours 26 hours 26 hours 27 hours 27 hours 28 hospital) attended endeceded obave.	WHICH OPERATION B. PLACE OF INJURY (e.g., is me, form, foctory, street, or continued of the deceased from the deceased	in or obout 21C. WHERE DID Iffice bldo. INJURY OCCUR? 21F. HOW DID II 19 67 ond view the body ofter deoth ending Med. Director 23D. ADDRESS CHUR Ch EMATORY 24D.	IN CERTIFYING C. (If in Boltimo	inion deoth occurred on the

The same of the sa Theore wife Commence washing the page? The street The contractor of the contractor (Literal the soldier Killer Charles March C. THE REPORT OF THE PARTY OF THE PARTY.



VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

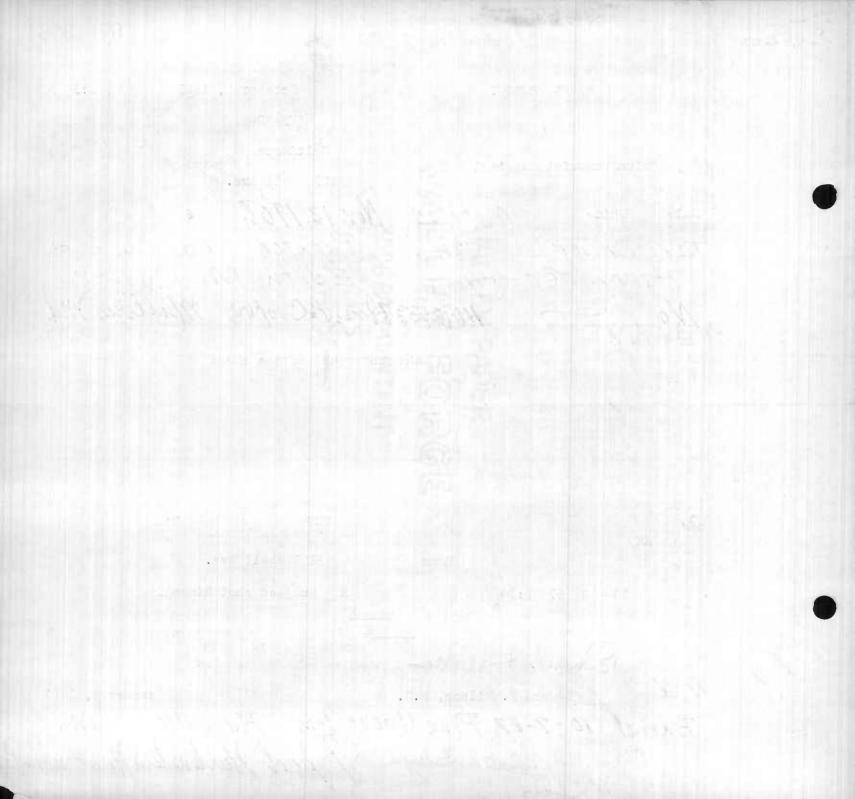
The great read that the same

M -	254	BIRT	тн но. 67 9583		TE OF DEATH	Registered No	67 9563
	and eath ased the Such	1. N	E CASE NO.		2. DATE A	NO HOUR OF DEATH	30
	_ T A C		PLACE OF DEATH IN BALTIMORE, MARYLAND	UUERN	4. USUAL RESIDENCE (WH	6/67	itution; residence before odmission)
	os n n lec		FULL NAME OF (If not in hospitol or institution, give st		A. STATE (B) COU	Ball	
	caus caus use; (tenda		HOSPITAL OR oddress or locotion)	//	C. CITY OR TOWN (IF o	ulside city limits, write RU	RAL and give township)
	in age	13	fouth salte kw. A	fund	D. STREET ADDRESS	frurol, give locotion)	233
	butined ned lar	5. 5			B. DATE OF, BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
	tri mi gu ge sec		WIDQWED, DIV		10/5/11	55	
	th co lete	don	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSING during most of yorking life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	de Cosi	13.	FATHERS (NAME	nome	4. MOTHERS MAIDEN N	AME	1 USA
7	+ = - = = =	16.1	Charles Scommyer		Delphia.	Lashbaug	W
TAI	assistant f the di ny kind; d death ance on	(Yes		ECURITY NO.	17. INFORMANY	m. k. A	ADDRESS LOOM
ORT	any dany ced ndan		18.	CAUSE OF	DEATH	1. Conse	INTERVAL BETWEEN ONSET AND DEATH
IMP	Also, i e of an nounce attend		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	W MAR	KED DRHUDG	PATION &	
••			(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.)	DUE TO	PACHEXIA	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	
CTOR			ANTECEDENT CAUSES	(B) OLD	BC (poss	IBLY ACTIV	
IREC	exami exami (3) A fr in who in reg	-	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C) MAI	LIKED & MP	HYSEMIA	
AL D	medical medical bruns; physicia an was remain	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CELLULI	ns (E) LE	ĝ.	
NER	P G G	ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
FU	oy the chi oital by a re; (2) Bo where the No physi	U	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLAC home, form	E OF INJURY (e.g., in n, foctory, street, offi	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
	atu pt (6)		21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJU OF INJURY (APPROX.) While At Work	RY OCCURRED Not While At Work	21F. HOW DID IN	JURY OCCUR?	
	the ny exc		22. I certify that (1) (this hospital) attended the dec		1.5	.19ta	19,
	of a of a tal (th);		that (I) (we) last saw the deceased alive an	(did) (did nos)	6/10		an death accurred an the date
	leased to ident of hospital o death)		23A. SIGNATURE			4	38. DATE SIGNED
	ele ccic to to		23C. PHYSICIANS	M.D. Atten	Med. Director	Stoff Phy s.4	10-7-6/
	y was r (1) An a 3.A. at a d prior		ME TYP BURKITART		South B	ALTO, G	EN. HOSY.
		24A	REMOVAL (Specily)	CEMETERY OF CREA	MATORY 24D.	LOCATION (City,	town, or county) (Stole)
		25A	DATE REC'D BY HEALTH DEPT. 258-NAME OF REG	J Hum JSTRAR	250 FUNERAY DIRECTO	D. O	ADDRESS D
	This the show was dece		0CI 9 1967 Reub E. 3	arber MA	John.	& Yours	~ fors de
		A 2	150-REV. 1/1/65		1200	7%.	7.4.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9564

M.E	. CASE NO.								
1. N	AME OF DECEASED			2. DATE AND	D HOUR PRONOUNCED DE	AD			
. , , ,		PEREGOY	October 3, 1967 9:50 p M.						
3. P	LACE IN BALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmission) A. STATE Maryland						
HO:	L NAME OF (IF NOT IN HOSPI'S SPITAL OR ADDRESS OR LOC DITUTION	TAL OR INSTITUTION, GIVE STREET			e corporate limits, write RURA	AL and give township)			
1	Union Memorial	Hospital	Bal D. STREET ADDR	timore RESS (If rurol,	give location)	1000			
	/ /		3127	Abell A	ve.				
5. S	Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	1900	9. AGE (In years If the More Section 1) 19. AGE (In years 1) 19. More 19. M	Inder 1 Yr. If Under 24 Hrs.			
10A	USUAL OCCUPATION (Give kind of wo	ork 108. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE	State or loreig		CITIZEN OF			
	during most of working life, even if retired)		Park	kton	md.	WHAT COUNTRY?			
13. F	Harry Po	REGOV	14. MOTHER'S M	AIDEN, NAME	M. Co	oper			
	VAS DECEASED EVER IN U.S. ARME		17 INFORMANT	4 1	ADE	PRESS			
res	, no of unknown) (If yes, give wor or do	166-12-7538	Imes Por	Coope	er, Mill	ere, Md.			
	18. = 9 7 L X	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION D	DIRECTLY				ONSE! AND DEATH			
	LEADING TO DEAT	(A)	ot wound	of the	chest				
	heart failure, asthenia, etc. It mean injury or complication which caused	ns the diseose,							
	ANTECEDENT - CAUS	EC							
	DISEASES OR CONDITIONS, IF	(8)				******************************			
	RISE TO THE ABOVE CAUSE (A) ! UNDERLYING CONDITION LAST.	STATING THE							
Z		(C)							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	ELATED TO THE							
CERT	19A. DATE OF OPERATION 19B. CO		20A. AUTOPSY?		(Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
EDICAL	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. W	HERE DID OCCUR?	If in Boltimore City, give exc	oct location)			
7	UTING CAUSE OF DEATH.	Home		27 Abel					
	21 D TIME (Month) (Doy) (Ye OF INJURY			OM DID INTO	IRY OCCUR?				
	(APPROX.) 10 3 67	9:30m. WHILE AT AT WO	ORK X St	ubject	shot himself				
		Inquiry Inspection Auto	apsy X and	that on thi	s basis, death in my ap	inian			
	resulted from: Natural co	auses Accident Suicide	Hamicie	de L	Indetermined manner				
	ACTUAL S	11 1101		EDICAL EX	Table 1	DATE SIGNED			
	SIGNATURE 1000	JE TO WE M.D.	ASSISTANT ME						
	EXAMINER'S NAME (Type) Edw	ard F. Wilson, M.D.	ASSOCIATE M	EDICAL E		ober 4, 1967			
	BURIAL CREMATION, 23B. DATE	23C. NAME of CEMELERY of	CREMATORY,	23D. L	OCATION (City, town,				
	BUNZ/ 10-	7-67 Pine Gre	ove Cen	- /	Rayville	, Md.			
24A	OCT 9 1967	24B. NAME OF REGISTRAR	24C. FUNERA	A) DIRECTOR	11+4	ADDRESS			
	0019 1967	Robert E. Farbura	X. A	col	Havenslein	1/EWTroldom,			



PAN LIBERTARY AND THE STREET AND ASSESSED.

1.00

MINISTER SWALLES ST. LANCE INSTITUTE. N

IMPORTAN

DIRECTOR:

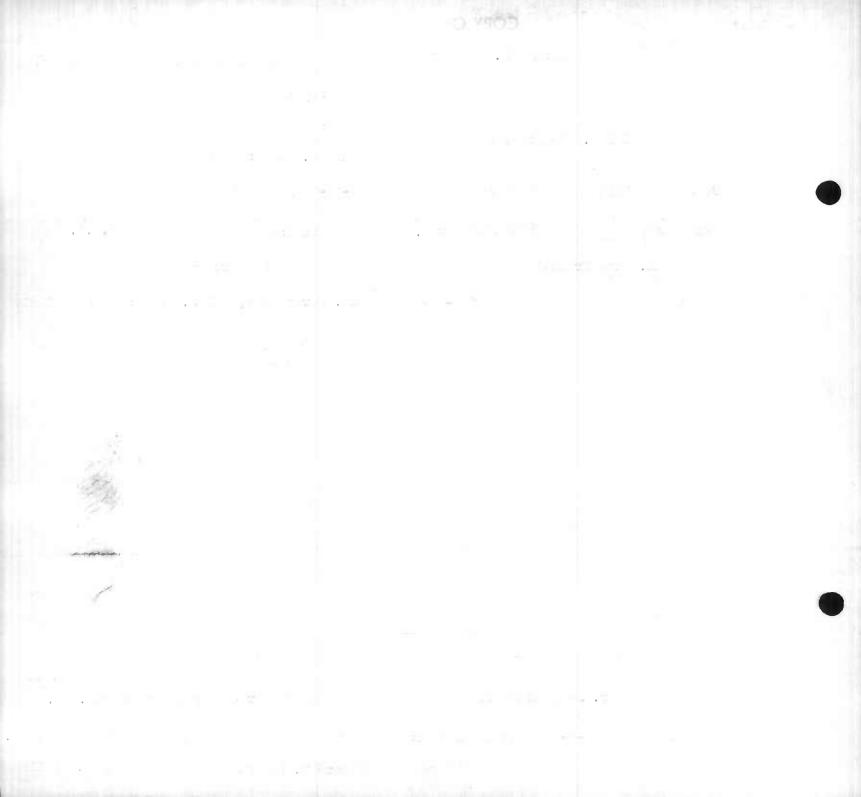
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

1 PSP 15 2 3 , 241 . 2 , and a substantial and a substa real per hills and the second of the second 15. 45 - 5 of 198 of, 16 of 198 of 198 of

R.	-	
1.	32	0
	ed the	
	as + Su	
	= P 0 C	
	= 500 =	
	(3))
	of Section	}
	0 0 0 0	
	E 2 2 -	
	T 20 0 E .	
	0 + D - 0	. 6
	76.50	0
	T E B	E
	0 0 0 0	
	te i e	0
	S Inc	+
	P + 0 > 0	C
-	54 > +	8
Z	## # E	70
4	e e in e	0
Z	SET	fin
0	a = C p p	7
٩	f a	70
2	Is out	0
	o d e c	-
FUNERAL DIRECTOR: IMPORTANT	orc	50
ō	in a la	E
	TE TO OH	9 4
H	XX()	1
×	- 0 C E .E	v
	al al	
_	dio di si	
4	E 5 0 4 5	4
W.	4 E Y	9
Z	hi do	
\supset) d	
	412	1
	> = 0 = Z	_
	S C C	70
	oh oh	
	0 0 0	10
	4 E 6	4
	D 2 4 = 3	0
	o p tit	+
	es ne de se per le se per	
	o pi	E
	E O O D	0
	I S I	O
	A	9
	# XEXP	0
	Second Second	2
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).	++
	h oh	1
	F + 10 ₹ 10	3

Type or Print)	Lillia Lillia	an M.	Rodgers		ober 5, 1967	The second secon
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI	nere deceased tived. If	institution; residence before admission
P1111 11414				Maryland	INIT	
FULL NAME HOSPITAL OF		n)	give street		outside city limits, write	RURAL and give township
INSTITUTION				Baltimore	2	28-09
00	113 S. Wick	kham Roa	d	D. STREET ADDRESS	f rural, give location)	1
00				113 S. Wick	tham Road	
. SEX	6. RACE		NEVER MARRIED), DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Temale	White	Wido		4-28-1905	62	
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	roign country)	12. CITIZEN OF WHAT COUNTRY?
Sales1a		Hutzle	r's Bros.	Maryland	i	U.S.A.
3. FATHER'S N				14. MOTHER'S MAIDEN N.		
	A. Otto Fromt1	ling		Emma	Worthman	
. Wos Deceas	od Ever in U. S. Armed For	ces?		17. INFORMANT	WOLCHMAN	ADDRESS
No No	wn) (If yos, give was or data	s of Service)	214-24-8370	Mrs. Doris Ke	mn 112 C	Wickham Road 2122
1B.	0.6 /1		CAUSE OI	L	mb, III o.	INTERVAL BETWEEN
-7-0	ASE OR CONDITION DIR	DECTI V	4			ONSET AND DEATH
DISE	LEADING TO DEATH	VECTET	Q	markin Cul	uction =	aux 11 'L7
	nal mean the made of		DUE TO	conduct who	onneutia	3
	e, asthenia, etc. It means amplication which coused					~
	ANTECEDENT CAUSES		(B)		, 	
DISEASES			DUE TO	MARINEDARA ARAGO ARAR 608 50 50 50 50 50 50 70 70 70 70 70 70 70 70 70 70 70 70 70		
rise la	OR CONDITIONS, if the abave couse (A)	ony, giving				
rise la	OR CONDITIONS, if	ony, giving				
UNDERLYII	OR CONDITIONS, if the abave couse (A) NG CONDITION last.	ony, giving sloling the	(C)			
UNDERLYII	OR CONDITIONS, if the abave couse (A) NG CONDITION (asl.	ony, giving sloling the CONTRIBUTING	(C)			
o o ther sig	OR CONDITIONS, if the abave couse (A) NG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING ATED TO THI	(C)	20A. AUTOPSY? (Yes or h	No) 20B. IF YES. WERE	FINDINGS CONSIDERED
O OTHER SIG	OR CONDITIONS, if the abave couse (A) NG CONDITION last. II CONTRIBUTIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	ONTRIBUTING ATED TO THI	(C)		No) 20B. IF YES. WERE	
OTHER SIG TO THE DISEASE O 179A. DATE (OR CONDITIONS, if the above couse (A) NG CONDITION last. II INIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198 CON WAS PERI DENT WAS UNDERLYING BUTTING CAUSE OF	ony, giving stoling the CONTRIBUTING ATED TO THIS. TO TO THIS. TO TO THE CONTRIBUTION FOR V FORMED	CC) WHICH OPERATION PLACE OF INJURY (o.g., in e., form, foctory, stroet, of		No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OTHER SIG TO THE DISEASE O 19 A. DATE O 21 A. ACCID OR CONTRI DEATH (not	OR CONDITIONS, if the abave couse (A) NG CONDITION last. INTERCANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ity modicol exominer	SONTRIBUTING ATED TO THE LIT. DITTON FOR V FORMED 21B. hom otc.)	CC) WHICH OPERATION PLACE OF INJURY (o.g., in e, form, foctory, stroet, of	20A. AUTOPSY? (Yes or F	No) 20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIG TO THE DISEASE O 19A. DATE OF CONTRIDENT OF INJURY	OR CONDITIONS, if the above couse (A) NG CONDITION last. II INIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198 CON WAS PERI DENT WAS UNDERLYING BUTTING CAUSE OF	ONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 21B. hom otc.) (Hour) 21E.	CC) GE WHICH OPERATION PLACE OF INJURY (0.9., in e, form, foctory, street, of INJURY OCCURRED	20 A. AUTOPSY? (Yes or hand) on a bout 21 C. WHERE DID fice bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIG TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TH	OR CONDITIONS, if the abave couse (A) NG CONDITION last. INTERCANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ity modicol exominer	ONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 21B. hom otc.) (Hour) 21E.	CC) PLACE OF INJURY (o.g., in e, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED IN Not While	20A. AUTOPSY? (Yes or hand) on obout 21C. WHERE DID fice bidg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIG TO THE DISEASE O 19 A. DATE (OR CONTRI DEATH (not DEATH (not DEATH (not DEATH (APPROX.)	OR CONDITIONS, if the abave couse (A) NG CONDITION last. INTERCANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ity modicol exominer	CONTRIBUTING ATED TO THI LIDITION FOR V FORMED 218, homoto,	PLACE OF INJURY (o.g., in e, form, factory, street, of INJURY OCCURRED Le At At Work	20A. AUTOPSY? (Yes or Particle of Particle	No) 20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?
other signother	OR CONDITIONS, if the above couse (A) NG CONDITION last. II INIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF itly modical examinar) (Month) (Doy) (Yoor)	CONTRIBUTING ATED TO THI IT. DITTON FOR V FORMED 21E, Whi Wor	PLACE OF INJURY (o.g., in e, form, factory, street, of INJURY OCCURRED Le At At Work	20A. AUTOPSY? (Yes or F	OO) 20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIO City, give exect locohon)
OTHER SIG TO THE DISEASE O 19A. DATE (CONTRI OR CONTRI OF INJURY (APPROX.) 22. I certifi that (I) (we	OR CONDITIONS, if the abave couse (A) NG CONDITION last. III INIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING 1 OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ity modicol exomine) (Month) (Doy) (Your) fy that (1) (This has pitely) last saw the decease	CONTRIBUTING ATED TO THI IT. DITTON FOR V FORMED 21B. hom otc.) (Hour) 21E. Whi Wor	PLACE OF INJURY (o.g., in e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED Le At At Work The deceased fram.	20A. AUTOPSY? (Yes or No. 1) On obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN	OO) 20B. IF YES, WERE IN CERTIFYING C. (If in Baltima UJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIO City, give exect locohon)
OTHER SIG TO THE DISEASE O 19A. DATE OF 19A.	OR CONDITIONS, if the abave couse (A) NG CONDITION last. II INIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING 1 OF OPERATION 198 CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ity modical examination (Month) (Day) (Your) fy that (1) (Philadella) I last saw the decease and from the causes state	CONTRIBUTING ATED TO THI IT. DITTON FOR V FORMED 21B. hom otc.) (Hour) 21E. Whi Wor	PLACE OF INJURY (o.g., in e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED Le At At Work The deceased fram.	20A. AUTOPSY? (Yes or F	OO) 20B. IF YES, WERE IN CERTIFYING C. (If in Baltima UJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIO City, give exect locohon)
OTHER SIG TO THE DISEASE O 19A. DATE (CONTRID OR CONTRID DEATH (not DEATH (not DEATH (not DEATH (not DEATH (APPROX.) 22. I certifither (I) (we and hour a	OR CONDITIONS, if the abave couse (A) NG CONDITION last. II INIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING 1 OF OPERATION 198 CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ity modical examination (Month) (Day) (Your) fy that (1) (Philadella) I last saw the decease and from the causes state	CONTRIBUTING ATED TO THI IT. DITTON FOR V FORMED 21B. hom otc.) (Hour) 21E. Whi Wor	PLACE OF INJURY (o.g., in e., form, foctory, street, of the last o	20A. AUTOPSY? (Yes or F	OO) 20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIO City, give exect location) 19 67 Dinion death accurred on the da
OTHER SIG TO THE DISEASE O 19A. DATE (19A. DATE (19A	OR CONDITIONS, if the above couse (A) NG CONDITION last. II INIFICANT CONDITIONS CO DEATH BUT NOT RELA OF CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF tily modical examinar) (Month) (Doy) (Yoor) fy that (1) (fine house) I last saw the decease and fram the causes state TURE	CONTRIBUTING ATED TO THI IT. DITTON FOR V FORMED 21B. hom otc.) (Hour) 21E. Whi Wor	PLACE OF INJURY (o.g., in e., form, factory, street, of the last o	20A. AUTOPSY? (Yes or Final about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 1967. 1967. and to liew the bady after death Director.	Old 20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIO City, give exect locotion) 19 67 Dinion death accurred on the day 238. DATE SIGNED 10 6 6 7
OTHER SIG TO THE DISEASE O 19A. DATE (CONTRID OR CONTRID DEATH (not DEATH (not DEATH (not DEATH (not DEATH (APPROX.) 22. I certifither (I) (we and hour a	OR CONDITIONS, if the above couse (A) NG CONDITION last. II INIFICANT CONDITIONS CONDEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ity modical examinary (Month) (Day) (Yaor) Ify that (1) (Phis has pitel a) last saw the decease and fram the causes state TURE ANYS (Type)	ONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 21E, Whi Wor 41 attended the	PLACE OF INJURY (o.g., in e., form, foctory, street, of the last o	20A. AUTOPSY? (Yes or F	OO) 20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIO City, give exect locotion) 19 67 Dinion death accurred on the day 238. DATE SIGNED 10 6 6 7 2122
or ise la UNDERLYII OTHER SIG TO THE DISEASE O 19-A. DATE (COLOR CONTRI DEATH (not PROX.) 21 A. A CCID OF INJURY (APPROX.) 22. I certitation of Injury (APPROX.) 23 A. SIGNA: 23 C. PHYSIG NAME	OR CONDITIONS, if the abave couse (A) NG CONDITION last. II INIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING TOF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF tily modical examinar) (Month) (Day) (Your) fy that (1) (rht house) fy that (1) (rht house) IAN'S (Type) Dr. John	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 218. whom otc.) (Hour) 21E. Whi Wor Attended the dalive an ted abave. (I	PLACE OF INJURY (o.g., in e, form, foctory, street, of the least of th	20A. AUTOPSY? (Yes or Particle of Particle	Old 20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo C.) (If in	E FINDINGS CONSIDERED AUSES OF DEATH? DIO City, give exect locotion) 27.5 19.67 Dinion death accurred on the day 23R. DATE SIGNED 10-6-6-7 2122 Baltimore. Md.
other signother	OR CONDITIONS, if the above couse (A) NG CONDITION last. II INIFICANT CONDITIONS CONDEATH BUT NOT RELA OF CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING (BUTING CAUSE OF ity modical examinar) (Month) (Day) (Yoor) (Month) (Day) (Yoor) (Month) (Day) (Yoor) TURE JAN'S (Type) Dr. John REMATION, 248. DATE	CONTRIBUTING ATED TO THI IDITION FOR V FORMED 21E, Whi Wor Attended the dalive an	WHICH OPERATION PLACE OF INJURY (o.g., in e., form, foctory, street, of INJURY OCCURRED INJURY OCCURRED At Work At W	20A. AUTOPSY? (Yes or Final and obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 1967. and the bady after death Director Di	Old 20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo IJURY OCCUR? That in(my) (**) ap Stoff Phys. derick Road,	E FINDINGS CONSIDERED AUSES OF DEATH? DIO City, give exect locohon) 238. DATE SIGNED 10-6-67 2122 Baltimore. Md. City, town, or county) (Stote)
other sig to the sign of the s	OR CONDITIONS, if the above couse (A) NG CONDITION last. II INIFICANT CONDITIONS CONDITIONS CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING (BUTING CAUSE OF ity modical examinar) (Month) (Day) (Yoor) Type In the causes state Ture Jahrs (Type) Dr. John REMATION, 248. DATE (Specify)	CONTRIBUTING ATED TO THI IDITION FOR V FORMED 21E, Whi Wor Attended the dalive an	PLACE OF INJURY (o.g., in e., form, foctory, street, of the last o	20A. AUTOPSY? (Yes or Final and obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 1967. and the bady after death Director Di	ODB. IF YES, WERE IN CERTIFYING C. (If in Boltimo IJURY OCCUR? 19ta that in(my) (***) ap Stoff Phys derick Road, LOCATION (** atonsville,	E FINDINGS CONSIDERED AUSES OF DEATH? DIO City, give exect locotion) 27.5 19.67 Dinion death accurred on the data 23R. DATE SIGNED 10-6-6-7 2122 Baltimore. Md.





IMPORTANT

DIRECTOR:

FUNERAL



Tes Korean 153-55 182-22-1407 Daniel Santella Same CAUSE OF DEATH	M.E.	CASE NO.											
ANTECINA OCCIONET 4 1067 7-45 ANTECINA OCCIONET 1010 ANTECNINA OF MARKED PART ADDRESS PART ADDRESS OF MARKED PART ADDRESS PART A	1. N	AME OF DEC	CEASED					2. DATE AND	HOUR PRONOUNCE	D DEAD			
USUAL RESIDENCE (What december and consider below consistent of the post in Hospital of Institution, Give Street	, тур	c at rillin	ANI	CHONY S	SANTELLA			00	tohor / 10	67	. 7.	1. =	- 44
MAIL OF JOSESS OR LOCATION OF INSTITUTION, GIVE STREET ADDRESS OR LOCATION OF INSTITUTION	3. PL	ACE IN BALT	TIMORE, MA				4. USUAL RESIL	DENCE (Where	deceased lived. If insti	tution: resid	dence b	elore oc	lmission)
ADDRESS OF LOCATION Court of							A. SIAIE	Marylan			imar	m (1)	А
City Hospital City Hospital City Hospital City Hospital	HOS	PITAL OR	(IF NO	ESS OR LOCA	TION)	TION, GIVE STREET	C. CITY OR TO			RURAL or	nd give	to wnsh	p)
City Hospital D. STREET ADDRESS III WORLD you be common to be common	IN 21	ITUTION						M: Wan	- Pi (20	. 1	5	3_0	0
SEE S. RACE	2	100	Herni	4-1			D. STREET ADD)			
Male Main)	CILY	nosp1	Lai									
Male White Married Nov. 15, 1933 Months Days Hours Min. Married Nov. 15, 1933 Callen of Married Painter Painter Painter Altoona, Fa. Altoona, Fa. Callen of Married Painter Painter Altoona, Fa. Altoona,	5. SE	X	6. RACE		7. MARRIED.	NEVER MARRIED				Lif Hinder	1 V.	li Hadas	24 Han
INDUSTRIAL COCUPATION (Give hind of work) OR. RNHO OF BUSINESS OR INDUSTRY					WIDO WED, D	DIVORCED (specify)			lost birthdoy				
Painter Railroad Altoona, Pa. WHAT COUNTRY							Nov. 15	, 1933	33				
Painter Baffler Railroad Altoona, Pa, AMOTHERS MANGE Daniel Santella Emma Felice Scoria 53-355 Isa Social Scurity No. Isa Discasse or condition orderty Leading to Death Chis dea not mean the made of dying, e.g., head failure, saltenic, etc. Il means the discost, incur or complexion within coused death ANTECEDENT CAUSES DISSASS OR CONDITION LAISTATING THE DISTASS OR CONDITION ASSTATING THE DISTASS OR CONDITION ASS					IOE KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)			NTRY?	
1. MOTHER'S MADE NAME 1. MOTHER'S MADEN NAME 1. MOTHER'S NAM		Painte	er		Railr	road	Altoo	na. Pa.					
Lawas Deceased Ever In U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 182-22-1407 Daniel Santella Same	13. F	ATHER'S NAN	A E				14. MOTHER'S A	MAIDEN NAME					
Lawas Deceased Ever In U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 182-22-1407 Daniel Santella Same		I	aniel	Santel:	la		Em	ma Felic	6				
Tes Korean 153-55 182-22-1407 Daniel Santella Same CAUSE OF DEATH		AS DECEASE	D EVER IN	U.S. ARMED	FORCES?					ADDRESS			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart folius, sathenia, old. It means the disease, singuiry complication within course down to complete the complete down to complete the complete down to the complete down to complete the complete down to comple	Y	es	Aut yes, giv				Daniel	Santall	o S-mo				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not men made of dying, e.g., heart foliure, osthenic, etc. If means the discose, injury or complication which coused down which will be to the property of the above cause of				1010011	טע-עע			Dantell	a Same				
Columbia		EX	25	1,		CAUSE	OF DEATH						
This does not mean the mode of dying, e.g., head follow, esthenic, sick. It means the disease, inclined follow, esthenic, sick. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING BISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIBUTING TO THE DEATH, STEEL OF THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (a.g., in or about 21C. WHERE DID (if in Belimore City, give exact location) above, form, foctory, sheet, effice bidgs, INJURY OCCUR? 21D TIME (Adouth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 10 4 67 3:33,5 WHILE AT NOT WHILEXX Subject Was in auto accident 22. I certify that I held on Inquiry Inspection Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SAME (Type) Edward F. Wilson, M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EX		DISEA	SE OR CO	NDITION DI	RECTLY								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING BISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING THE UNDERLYING CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED WAS P		(This does			dving e.g.,	(A)	Mı	ultiple	traumatic		•••••		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING BISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		heart failure,	, osthenio, o	etc. It meons	the disease,	008 10			injuries				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OTHER SIGNIFICANT CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. 19A. DATE OF OPERATION 19s. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PE		1. /											
NSE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						(B)							
UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21A, EXTERNAL CAUSE WAS DUTING CAUSE OF DEATH. 21D TIME (Month) (Day) (Year) (Hour 21E. INJURY (e.g., in or oboul 21C, WHERE DID (If in Boltimore City, give exact locotion) (Industry occurs) (APPROX.) 21D TIME (Month) (Day) (Year) (Hour 21E. INJURY OCCURRED DID (If in Boltimore City, give exact locotion) (AT WORK AT WO		RISE TO TH	OR COND	ITIONS, IF A	NY, GIVING	DUE TO							
21A. EXTERNAL CAUSE WAS UNDERLYING (COR CONTRIB- UNDERLY OCCUR? OP 4		UNDERLYIN	NG COND	ITION LAST.									
21A. EXTERNAL CAUSE WAS UNDERLYING (COR CONTRIB- UNDERLY OCCUR? OP 4	o-					(C)							
21A. EXTERNAL CAUSE WAS UNDERLYING (COR CONTRIB- UNDERLY OCCUR? OP 4	F	OTHER SICI	NIEICANT (-	CONTRIBUTION								
21A. EXTERNAL CAUSE WAS UNDERLYING (COR CONTRIB- UNDERLY OCCUR? OP 4	2	TO THE	DEATH BI	UT NOT REL	ATED TO TH	iE				677			
21A. EXTERNAL CAUSE WAS UNDERLYING (COR CONTRIB- UNDERLY OCCUR? OP 4	Ē.												
21A. EXTERNAL CAUSE WAS UNDERLYING (COR CONTRIB- UNDERLY OCCUR? OP 4	S	YA, DATE OF	OPERATIO			VHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 2	OB. IF YES, WERE FIN	ES OF DE	ON SIDE ATH?	RED	
Street Oreams Rd. 200ft. E of Stemmers Run Rd. Street Oreams Rd. 200ft. E of Stemmers Run Rd.		LA EVTEDNIA	CALLSE	2 A VA	010.0			S	Y	ES			
OF INJURY (APPROX.) 10 4 67 3;35 WHILE AT NOT WHILEXX Subject was in auto accident 22. I certify that I held on Inquiry Inspection Autopsy And that an this basis, death In my opinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 4, 1967 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) Burial 10/9/67 Baltimore National Cemetery Entropy.	0	NDERLYING	XOR CONT	RIB-	ļhame,	farm, factory, street, a	ffice bldg., INJUR	Y OCCUR?	t in Baltimore City, giv	re exact lo	cotion)	53	-00
OF INJURY (APPROX.) 10 4 67 3;35 WHILE AT NOT WHILEXX Subject was in auto accident 22. I certify that I held on Inquiry Inspection Autopsy And that an this basis, death In my opinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 4, 1967 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) Burial 10/9/67 Baltimore National Cemetery Entropy.	밃	JIING LCAU	SE OF DEA	TH.	etc.)	Stree	t O	reams Rd	. 200ft. E	of Ste	mme:	rs R	un Ra
Actual Subject was in auto accident Subject was in auto accident	4		(Month)	(Day) (Year	(Haur) 21					01			
Centify that I held on Inquiry Inspection Autopsy And that an this basis, death In my opinion			10	4 6	7 3:35 W	HILE AT NOT	WHILEXX	0					
ACTUAL SIGNATURE CALL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE ASSOCIATE MEDICAL EXAMINER ASSOCIATE	3	22.			a a m. W	ORK AT W	ORK 423	Subject	was in aut	o acc	laer	10	
CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSOCIATE MEDICAL EXAMINER M.D. ASSOCIATE MEDICAL EXAMINER DOCTOBER 4, 1967 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) Burial 10/9/67 Baltimore National Cemeter Ealtmore DOCTOBER 24B. NAME OF REGISTRAR 24C. FUMERAL DIRECTOR DOCTOBER 24C. FUMERAL DI		I cert	tify that I	held on Ir	nquiry	InspectionAut	opsy X an	d that an this	basis, death in m	y opinlan			
ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) Sa, burial cremation, 238, date Edward F. Wilson, M.D. 23C. Name of Cemetery of Crematory Burial 10/9/67 Baltimore National Cemetery Ealtimore, M.D. ASSISTANT MEDICAL EXAMINER October 4, 1967 23D. Location (City, town, of county) (Stote) Burial 24C. FUMEBAL DIRECTOR ADDRESS		resul	ted fram:	Natural cau	ses A	ccident X Suicide	Hamic	ide U	ndetermined manne	er 🗌			
SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Burial 10/9/67 Baltimore National Cemetery Ealtmore 24C. FUMERAL DIRECTOR 24C. FUMERAL DIRECTOR ASSOCIATE MEDICAL EXAMINER October 4, 1967 23D. LOCATION (City, town, or county) (Stote) ADDRESS			1		11	i	CHIEF	EDICAL EXA	AMINER				
EXAMINER'S NAME (Type) Edward F. Wilson, M.D. October 4, 1967 23A. BURIAL CREMATION, REMOVAL (Specify) Burial 10/9/67 Baltimore National Cemetery Ealtimore. Modern Service State 10/9/67 Baltimore National Cemetery Service State 10/9/67 Baltimore National Cemetery Service S				WEN	1+1	115	ASSISTANT M	EDICAL EX	MINEDX		DAT	E SIG	NED
NAME (Type) Edward F. Wilson, M.D. October 4, 1967 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) Burial 10/9/67 Baltimore National Cemeter Ealtimore Address 24C. Funesal director 24C. Fun				20000	7 , 00	M.D.							
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) Burial 10/9/67 Baltimore National Cemetery Ealtmore, 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS				Edwa	rd F. Wi	Ison M.D.	ASSOCIATE	MEDICAL EX		Octob	or b	10	167
Burial 10/9/67 Baltimore National Cemeters Ealtimore, No. 248. NAME OF REGISTRAR 24C. FUNEBAL DIRECTOR. 24C. FUNEBAL DIRECTOR.		BURIAL CREA	MATION,				CREMATORY	23 D. LO					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR	_		()	1 1 .					,,,,	,	,		
	-		BW 115315					etert B	altimore. M	d.	1		
UG 19 196/ 120 Be S A A IL. 40	24A.						24C. FUNER	AL DIRECTOR	Jundal.	with	DDRES	S	
Briggingly Day			0619	1967	Robert	E, Jahley MA	Branza	ringly D		_ F	204		

ECCE . CA . vol _ _ _ beitma con mention to be be the control of the best of the HITCHING DANIES TONG-SI-SEE M-CE of SECTION SOIL The state of the s

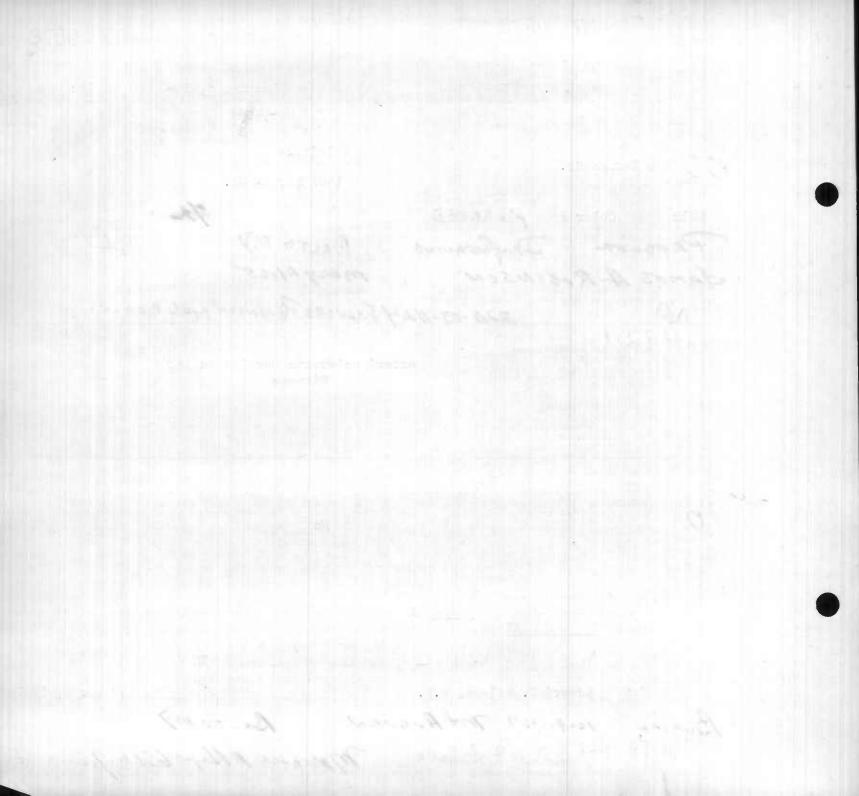
VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered to. 67 9571

M.E. CASE NO.							/		
NAME OF DE	CEASED	PAUL	JUDGE	(Whiten)			p Hour Pronoun per 4, 1967	CED DEAD	8:35 P.
PLACE IN BAL	TIMORE, MARY	LAND, WH	ERE PRONOUT	NCED DEAD	A. STATE	DENCE (Where	8. CC	DUNTY	dence before admission) ALTIMORE
ULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IT	OR LOCAT	L OR INSTITUT	TON, GIVE STREET			le carparate limits, wr		
- 1						A STATE OF THE PARTY OF THE PAR	(22)		53-00
3 / Balt	imore Ci	ty Ho	spital		D. STREET ADE		Dee Avenue		
o. SEX	6. RACE			IEVER MARRIED	8. DATE OF BIR	гн	9. AGE (In years		r 1 Yr. If Under 24 Hrs.
Male	White		Never	Married	Nov. 12		7		
one during most of Studen	working life, even	kind of work if retired)	US KIND OF	BUSINESS OR INDUSTR	Baltimo			12. CITIZ WHA	SA
3. FATHER'S NAM					14. MOTHER'S A				<u>OA</u>
	Wil	liam C	. White	n	Hil	da Jones	5		
5. WAS DECEASI Yes, no or unknown	O EVER IN U.	S. ARMED vor ar dates	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	A	2	ADDRES	S
No		<u>. </u>		None	Hilda Ju	age .	oame		
18.	13.7			CAUSI	OF DEATH				ONSET AND DEATH
DISEA	SE OR COND LEADING TO		ECTLY	(A) M1	iltiple ti	raumatio	injuries		
heart failure	not mean the , asthenia, etc. mplication which	It means	the diseose,	DUE TO	**************************************				
			ediii.						
DISEASES	OR CONDITION	ONS, IF A	NY, GIVING	(B)					-1-0880-00-00-00-00-00-00-0-0-0-0-0-0-0-
UNDERLYI	NG CONDITION		ATING THE	(4)					
OTHER SIG	н			(C)					
DISEASE	NIFICANT COLDEATH BUT	NOT REL	ATED TO TH						
19A. DATE O	PERATION	19B. CONE		HICH OPERATION		Y? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	USES OF DE	
UNDERLYING	OR CONTRIB-		hame,	farm, factory, street,	in ar about 21C.	WHERE DID	(If in Baltimare City, Merritt Bo		
E E	ISE OF DEATH		etc.)	street		rth of (German Hill		53
OF INJURY (APPROX.)	9-27-67		:10 Pr. W	HILE AT NOT	A4/11/15	truck by	Dr	iver o	n bicycle
22. 1 cer	tlfy that I he					nd that on th	Is bosis, deoth in	my opinia	in
resu	Ited from: No	otural cau	ses A	cident X Suicio			Undetermined mon		
ACTUA	. 1	11 0	1	1	CHIEF	MEDICAL EX	XAMINER		DATE SIGNED
SIGNAT	URE	an	> 1,0	77 M.D					
NAME (narles	S. Spr	ingate, M.D.	ASSOCIATE	MEDICAL E	XAMINER	Octobe	r 5, 1967
23A. BURIAL CRI REMOVAL (Speci		DATE	23C	. NAME of CEMETERY	or CREMATORY	23D. 1	OCATION (Ci	ty, town, ar	caunty) (State)
Burial		10/7/6		Gardens of Fa			ltimore, M		
24A. DATE REC'E	BY HEALTH C			OF REGISTRAR	1 100.	RAL DIRECTO	Burden	ich '	ADDRESS
	UCI 9	1967	(Colored	E. Janber Ma	James	E. Bru	zdzinski l	407Eas	tern Ave.

Loclort Passible medical constitution of total interest and and the Company total and the company Lieu at the party of the best of the state o

VS 151-REV. 1/1/65







IMPORTANI

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

5410197187 ΥŦ . Y HILDR SETTA 932 6. 20-the state of the s

7		-	1	1	-
1	25	P	10	ch /	٥
	an	ase	=	Su	
	To J	ece.	0	÷	
	Spi	0	951	eat	
	ho	5	dan	P	
	8 5	Jse	ene	40	
	i F	Cal	att	ior	
	rec	ed	D	٩	de.
	5	E	gul	sed	E
	0	9	T.	60	1 15
	ath	de	Ξ.	dec	rior
	p+	ב	SDI	9	osit
	+ :	4	>	=	isp
A	tan d	nd;	100	10	
RT.	ssis +	×	p	nce	fine
FUNERAL DIRECTOR: IMPORTANT	S	d n	ced	nda	0
X	h o	of	CO	Her	ed
_	0 4	ure	ouc	0	mle
S.	ine	act	pr	20	d m
H	E	fr	ho	egi	9 6
E	ex	3) A	3	-	D
D	cal	5;	ign	S	ins
=	edi	Jrn	ysic	*	ma
RA	E	P	phy	an	e re
Ä	hie	ody	he	sici	+
5	9 4	2) 8	+	hy	ore
	4	5	her	10	bef
	l by	Ure	3	5) 1	Pe
	Vec	nai	epi	P	ain
	the the	Iny	exe	9	obt
	9 0	of	10	h);	pe
	bes	tu	pit	eat	UST
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	hos	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such L	written approval must be obtained before the remains are embalmed or final disposition is made.
	0 0	acc	-	or t	DAC
	cat	An	8	pric	pre
	1117	Ξ	A.O	pe	db
	Cel	VS:	0	905	ten
	his	hov	SDI	ece	rit
	j +	· vı	5	T	5

ype or Print)	DECEASED Willi	an Henry	Dixon	2. DATE A	oer 5, 1967	TH.
PLACE OF	DEATH IN BALTIMORE, MA				nere deceased lived, If	f institution: residence before admission
FULL NAM HOSPITAL INSTITUTIO	OR oddress or locofic	on)		Maryland c. city or town Baltimore D. Street Address	outside city limits, writ	te RUBAL and give township)
00				1002 W. Lafa		
sex Inde	6. RACE Colored	WIDOWE	NEVER MARRIED D, DIVORCED (specify) Wed	May 5, 1888	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	st of working life, even if retired)	1	te Family	11. BIRTHPLACE (Stote or fo Baltimore, M		12. CITIZEN OF WHAT COUNTRY?
FATHERS			2 00000	14. MOTHER'S MAIDEN N.	AME	
Will	iam Henry Dixo	n Sr.		Mary Elli	S	
. Wos Doco es, no or unki	osed Ever in U. S. Armed Fo	es of service)	16. SOCIAL SECURITY NO. 215-22-2816	17. INFORMANT Mr. William C	. Dixon 401	ADDRESS 18 Belle Ave
heart fail	es nal mean the made a ure, osthenio, etc. If mean camplication which cause ANTECEDENT CAUSE	s the disease, d death.)	(B) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	dela 1	Josepha	٧
DISEASE UNDERL OTHER S TO TH DISEASE	ure, osthenio, etc. It mean camplication which cause ANTECEDENT CAUSE SOR CONDITIONS, if the above couse (A) YING CONDITION last. III III GNIFICANT CONDITIONS E DEATH BUT NOT REL OR CONDITION CAUSING	s the disease, d death.) S ony, giving stating the CONTRIBUTING ATED TO TH	(B) OUE TO	Denlan (Josepho	
DISEASE UNDERL OTHER S TO TH DISEASE	ure, osthenio, etc. If mean camplication which cause ANTECEDENT CAUSE SOR CONDITIONS, if the abave couse (A) YING CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	s the disease, d death.) S ony, giving stating the CONTRIBUTING ATED TO TH	(B) (C)	20A. AUTOPSY? (Yes or ?	No) 208, IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE rise to UNDERL OTHER STO THI DISEASE 19 A. DAT 21 A. CC OR CONT	ure, osthenio, etc. If mean camplication which cause ANTECEDENT CAUSE S OR CONDITIONS, if the abave couse (A) YING CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	s the disease, d death.) S ony, giving slating the CONTRIBUTIN. ATED TO THIT. NOTION FOR WARFORMED	G CC) G PLACE OF INJURY (e.g., interpretation) PLACE OF INJURY (e.g., interpretation)	20A. AUTOPSY? (Yes or ? n or about 21C, WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE rise to UNDERL OTHER S TO TH DISEASE 19 A. DAT	ure, osthenio, etc. If mean camplication which cause: ANTECEDENT CAUSE S OR CONDITIONS, if the above couse (A) YING CONDITION last. III CONDITION Last. III CONDITION CAUSING E DEATH BUT NOT RELOR CONDITION CAUSING E OF OPERATION 198. COUNTY CONDITIONS (EVALUATION CAUSING EVALUATION CAUSING EVALUATION CAUSING EVALUATION CAUSE OF TOOLITY WAS UNDERLYING TRIBUTING CAUSE OF TOOLITY CAUSE OF TOOLITY MEDICAL CAUSE OF TOOLITY CAUSE	s the disease, d death.) Sony, giving slating the CONTRIBUTING ATED TO THIT. NOTION FOR 18 FORMED 218 hometc. (Hour) 21E.	GEWHICH OPERATION PLACE OF INJURY (e.g., interpretation of the control of the co	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH?
DISEASE rise to UNDERL OTHER STO TH DISEASE 19 A. DAT OF INJUI (APPROX. 22. J cer tho (I) ond hour	ure, osthenio, etc. If mean camplication which cause: ANTECEDENT CAUSE S OR CONDITIONS, if the above couse (A) YING CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	s the disease, d death.) ony, giving stating the CONTRIBUTING TO THE IT. NOTION FOR YERFORMED 218. hometc. (Hour) 21E. Wh. Ww.	G (C)	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING C	CAUSES OF DEATH?
DISEASE rise to UNDERL OTHER S TO THE DISEASE 19 A. DAT 21 A. ACC OR CON' OF INJUI (APPROX. 22. J. cer tho (1) ond hour 234. SIGN	ure, osthenio, etc. If mean camplication which cause ANTECEDENT CAUSE SOR CONDITIONS, if the abave couse (A) YING CONDITION last. IIGNIFICANT CONDITIONS OF CONDITION CAUSING OF CONDITION CAUSING OF CONDITION CAUSING CONDITION CAUSING CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CONDITION (Doy) (Yearly Charles) (Month) (Month	s the disease, d death.) ony, giving stating the CONTRIBUTING TO THE IT. NOTION FOR YERFORMED 218. hometc. (Hour) 21E. Wh. Ww.	G IE WHICH OPERATION PLACE OF INJURY (e.g., ine, form, foctory, street, or interest of the control of the cont	21F. HOW DID IN and stee body after death Diector	IN CERTIFYING C	nore City, give exact locotion)
DISEASE rise to UNDERL OTHER STO TH DISEASE 19 A. DAT 21 A. ACC OR CON OF INJUI (APPROX. 22. J cer tho (I) ond hour 23. SIGN	ure, osthenio, etc. If mean camplication which cause ANTECEDENT CAUSE SOR CONDITIONS, if the abave couse (A) YING CONDITION last. IIGNIFICANT CONDITIONS OF CONDITION CAUSING OF CONDITION CAUSING OF CONDITION CAUSING CONDITION CAUSING CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CONDITION (Doy) (Yearly Charles) (Month) (Month	ony, giving stating the CONTRIBUTING ATED TO THE IT. NOTION FOR VERFORMED 21B. hometc. (Hour) 21E. Who would obtain the control of the con	GE WHICH OPERATION PLACE OF INJURY (e.g., ine, form, foctory, street, on the str	21F. HOW DID IN and riew the body after death	IN CERTIFYING C	nore City, give exoct locotion)



	L CASE NO.		9577 CERTIFIC	2. DATE AN	D HOUR OF DEATH	
	40.0.00		SEORGE WILLIAM	OCTORS	D 2 10/3	1 1.1.0
3.	PLACE OF DE	EATH IN BALTIMORE, N	MARYLAND	4. USUAL RESIDENCE (When	e deceased lived, if in	stitution: residence before odm
	FULL NAME	OF (If not in hospit	ol or institution, give street	MARYLAND 212		Balli. Co
	HOSPITAL OR	address or laco		C. CITY OR TOWN III out		RURAL and give township)
	T. AGI			BALTIMORE	>	53-00
C	ATON A	ND WILKENS	AVENUES		ruiol, give location)	
		RE, MD. 21		12 MELROSEAV	P. AGE (In years	If Under 1 Yr If Under 2
M	ALE	NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	2-6-19	10st binhdoy) 48	Months Doys Hours A
		CUPATION (Give kind of w I working life, even if retired	ork 108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
		esigner	Rutland Beard	MARYLAND (Hor	ward Co)	U.S.A.
13.	FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	
1	HOWARD	BOARDLEY		MARIE (TYLER	R) BOARDLE	Y
		ed Ever in U. S. Armed		17. INFORMANT		ADDRESS
	'ES	WORLD WAF		HOSPITAL REG	CORDS- ST.	AGNES HOSPI
_	1B. <	1.0 1		OF DEATH		INTERVAL BETWEE
	00	ASE OR CONDITION	DIRECTLY	11.	1-1-1-1	ONSET AND DEA
		LEADING TO DEAT	H (A)	lassure gastron	testa y he	como roleo je
		not meon the mode , osthenio, etc. It meo				
		emplication which cous		Esophaged ve	inces	
		ANTECEDENT CAUS	ES (B) DUE TO	J J		
	DICEACEC	OR CONDITIONS, i	f ony, giving	//- /	1.	
				1116 sie d K	· Kerrer	
	rise to t	he obove couse (A		"111hosis of the	i Jever	
	rise to t	he obove couse (A		Tolloris of Ku	e Javer	
NOI	rise to t	he obove couse (AND CONDITION lost.	CONTRIBUTING	Tribosis of Ka	: Jever	
CATION	OTHER SIGN TO THE DISEASE OF	he obove couse (AND CONDITION IOST. II NIFICANT CONDITIONS DEATH BUT NOT RI R CONDITION CAUSING	CONTRIBUTING ELATED TO THE	Tribosis of fu	all and the second	
TIFICATION	OTHER SIGN TO THE DISEASE OF	he obove couse (A NG CONDITION lost, II NIFICANT CONDITIONS DEATH BUT NOT RI R CONDITION CAUSIN, DE OPERATION [198, CC	CONTRIBUTING	20A. AUTOPSY? (Yes or No	DI 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFICATION	OTHER SIGN TO THE DISEASE OF	HE Obove couse (A) I CONDITION lost. II NIFICANT CONDITIONS DEATH BUT NOT RI R CONDITION CAUSINO OF OPERATION 19B. CO	CONTRIBUTING ELATED TO THE G IT. ONDITION FOR WHICH OPERATION ERFORMED	YES		
CERTIFIC	OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T	HE OBOVE COUSE (A NG CONDITION lost, II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSING OF OPERATION 198. CO WAS P ENT WAS UNDERLYING BUTING CAUSE OF	CONTRIBUTING ELATED TO THE G IT. ONDITION FOR WHICH OPERATION ERFORMED			FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location)
CAL CERTIFIC	OTHER SIGN TO THE DISEASE OI 19A, DATE CONTRIBUTION OF CONTRIB	HE OBOVE COUSE (A NG CONDITION IOST. II NIFICANT CONDITIONS DEATH BUT NOT RI R CONDITION CAUSINO OF OPERATION 19B. CO WAS P ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exomines)	CONTRIBUTING ELATED TO THE G IT. ONDITION FOR WHICH OPERATION ERFORMED 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimor	
CAL CERTIFIC	OTHER SIGNOTHE DISEASE OF INJURY	HE OBOVE COUSE (A NG CONDITION lost, II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSING OF OPERATION 198. CO WAS P ENT WAS UNDERLYING BUTING CAUSE OF	CONTRIBUTING ELATED TO THE G IT. ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street,	yES g., in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	
AL CERTIFIC	OTHER SIGN TO THE DISEASE OF CONTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.)	he obove couse (A NG CONDITION lost, II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSE OF OPERATION 198. C' WAS P ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer) IMonth) (Doy) (Yes	CONTRIBUTING ELATED TO THE GIT. ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) OI) (Hous) 21E. INJURY OCCURRED While At Not Work At Wo	yES g., in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimon	re City, give exact location)
CAL CERTIFIC	OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE OF THE DEATH (not) THE DEATH (not) THE DEATH (APPROX.)	HE OBOVE COUSE (A NG CONDITION IOST. II NIFICANT CONDITIONS DEATH BUT NOT RI F CONDITION CAUSIN OF OPERATION 19B. CO WAS P ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer) IMonth) (Doy) (Ye-	CONTRIBUTING ELATED TO THE GIT. ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e., home, form, foctory, street, etc.) or) (Hour) 21E. INJURY OCCURRED While At Not W Work tal) attended the deceased from Office of the control of	YES grain or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ While CTOBER 2, 2:15	URY OCCUR?	DBER 2,4:40P9
CAL CERTIFIC	OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE OF THE DEATH (not) THE DEATH (not) THE DEATH (APPROX.)	HE Obove couse (A NG CONDITION lost, II NIFICANT CONDITIONS DEATH BUT NOT RI F CONDITION CAUSIN OF OPERATION 19B. CO WAS P ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer) IMonth) (Doy) (Ye-	CONTRIBUTING ELATED TO THE GIT. ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) OI) (Hous) 21E. INJURY OCCURRED While At Not Work At Wo	YES grain or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ While CTOBER 2, 2:15	URY OCCUR?	DBER 2,4:40P9
CAL CERTIFIC	other signother	he obove couse (A G CONDITION lost. II NIFICANT CONDITIONS R CONDITION CAUSING OF OPERATION 198. COWAS P ENT WAS UNDERLYING ENT WAS UNDERLYING IMonth) (Doy) (Yes	CONTRIBUTING ELATED TO THE GIT. ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e., home, form, foctory, street, etc.) or) (Hour) 21E. INJURY OCCURRED While At Not W Work tal) attended the deceased from Office of the control of	YES g., in or obout 21c. WHERE DID INJURY OCCUR? 21f. HOW DID INJ While Cook CTOBER 2, 2:15	URY OCCUR?	DBER 2,4:40P9
CAL CERTIFIC	other signother	he obove couse (A IG CONDITION lost. II NIFICANT CONDITIONS DEATH BUT NOT RI OF OPERATION 19B. CO WAS P ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner) [Month] (Doy) (Yellow) (Yellow) (This hospi The policy of the couses so the december of the couses so the couse so the couses so the couse so the	CONTRIBUTING ELATED TO THE GIT. ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. c. hame, form, foctory, street, etc.) OI) (Hour) 21E. INJURY OCCURRED While At Not Work At W. At	YES g., in or obout 21c. WHERE DID INJURY OCCUR? 21f. HOW DID INJ While Cook CTOBER 2, 2:15	URY OCCUR? Pg 67 ta OCT (at in (A) (aur) ap	DBER 2,4:40P
CAL CERTIFIC	OTHER SIGN TO THE DISEASE OI 19A. ACCID OR CONTRIDEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif that XI) (we and have a	he obove couse (A IG CONDITION lost. II NIFICANT CONDITIONS DEATH BUT NOT RI OF OPERATION 19B. CO WAS P ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner) [Month] (Doy) (Yellow) (Yellow) (This hospi The policy of the couses so the december of the couses so the couse so the couses so the couse so the	CONTRIBUTING ELATED TO THE GIT. CONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) or) (Hour) 21E. INJURY OCCURRED While At Not Work tal) attended the deceased fram October (1988) ased alive an OCTOBER 2, stated abave. (We) (did) (dix 1988)	YES g., in or obout 21c. WHERE DID INJURY OCCUR? 21f. HOW DID INJ While Cook CTOBER 2, 2:15	URY OCCUR?	DBER 2,4:40Pg
CAL CERTIFIC	other sign to the Disease of 19A. Date of 19	He obove couse (ARCONDITION Iost, II NIFICANT CONDITIONS DEATH BUT NOT RI OF OPERATION 19B. CO WAS P ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer) IMonth) (Doy) (Yeild County of the	CONTRIBUTING ELATED TO THE GIT. CONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) or) (Hour) 21E. INJURY OCCURRED While At Not Work tal) attended the deceased fram October (1988) ased alive an OCTOBER 2, stated abave. (We) (did) (dix 1988)	YES grain or about 21 C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ Vhile ork CTOBER 2, 2:15 19.67 and the land of the death. Attending Med. Director of the land of the	(If in Boltimor URY OCCUR? Pp 67 ta OCT (at in (aur) ap	DBER 2,4:40Pg
CAL CERTIFIC	other sign to the Disease of 19A, Date of 19	He obove couse (A CONDITION Iost, II) NIFICANT CONDITIONS DEATH BUT NOT RI RECONDITION CAUSING FOPERATION 19B. COWAS PENT WAS UNDERLYING BUTING CAUSE OF The medical examiner) [Month] (Doy) (Yestive County of the County of th	CONTRIBUTING ELATED TO THE GIT, ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work tal) attended the deceased fram Ottors and other controls are alive an OCTOBER. 2.	YES grain or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Alternating Med. Director Director DAL	URY OCCUR? 19 67 ta OCT (at in XaX (aur) ap	DBER 2,4:40Pginion death accurred an the 10/02/67
MEDICAL CERTIFIC	other signother	he obove couse (A CONDITION IOST. II NIFICANT CONDITIONS DEATH BUT NOT RI R CONDITION CAUSIN' OF OPERATION 198. COWAS P ENT WAS UNDERLYING CAUSE OF fy medical examiner) IMonth) (Doy) (Yester Course) 198. Cowas P ENT WAS UNDERLYING (Type) (Typ	CONTRIBUTING ELATED TO THE GIT, ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work tal) attended the deceased fram Ottors and other controls are alive an OCTOBER. 2.	YES gain or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ Vhile CTOBER 2, 2:15 19.6.7 and th View the bady after death. Attending Med. Phys. BAL 23D. ADDRESS BAL 33D. AGNES HOS	(If in Boltimon URY OCCUR? P9 67 ta OCT (nat in (An) (aur) ap Stoff Phys. TO., MD. 2 SPITAL-CAT	DBER 2,4:40Pg inion death accurred an the 10/02/67
MEDICAL CERTIFIC	other signor of the Disease of 19A, Date of	he obove couse (ABC CONDITION lost, II NIFICANT CONDITIONS DEATH BUT NOT RI OF OPERATION 198. CONDITION CAUSING FOR OPERATION 198. CONDITION CAUSE OF fy medicol exominer) I/Month) (Doy) (Yes) Ty than (1) (this hospine) last saw the december of the causes struck IAN'S (Type) DIBOS REMATION, (Specify) 248. DATE	CONTRIBUTING ELATED TO THE GIT, ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work tal) attended the deceased fram Octored and occurred above. (We) (did) (dix) M.D. 24C. NAME of CEMETERY of	YES 2-in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ While	OCATION (G	DBER 2,4:40Pg inion death accurred an to 238, DATE SIGNED 10/02/67 1229 ON & WILKENS ity, town, or county)
MEDICAL CERTIFIC	OTHER SIGN TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (notice of the death of t	he obove couse (A CONDITION IOST. II NIFICANT CONDITIONS DEATH BUT NOT RI R CONDITION CAUSIN' OF OPERATION 198. COWAS P ENT WAS UNDERLYING CAUSE OF fy medical examiner) IMonth) (Doy) (Yester Course) 198. Cowas P ENT WAS UNDERLYING (Type) (Typ	CONTRIBUTING ELATED TO THE G IT. ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) or) (Hour) 21E. INJURY OCCURRED While At Not Work tal) attended the deceased fram October (and the deceased fr	YES g. in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ Vhile CTOBER 2, 2:15 CTOBER 2, 2:15 Attending Med. Director Director ST. AGNES HOS CREMATORY Ba	(If in Boltimon URY OCCUR? Pp 67 to OCT(not in (A) (our) ap Stoff Phys. TO., MD. 2 SPITAL-CAT OCATION (Count)	DBER 2,4:40Pg Inion death accurred an t 23B. DATE SIGNED 10/02/67 1229 ON & WILKENS City, town, or county) Maryland ADDRESS
T AEDICAL CERTIFIC	OTHER SIGN TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (notice of the death of t	he obove couse (ABC CONDITION lost, II NIFICANT CONDITIONS DEATH BUT NOT RI OF OPERATION 19B. COWAS P ENT WAS UNDERLYING CAUSE OF fy medicol exominer) IMonth) (Doy) (Yes) Ty that I) (this hospine) last saw the december of the causes stated in the cause s	CONTRIBUTING ELATED TO THE GIT. CONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work tal) attended the deceased fram Outlined and occurred the deceased fram Outlined the deceased fram O	YES g. in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ Vhile CTOBER 2, 2:15 CTOBER 2, 2:15 Attending Med. Director Director ST. AGNES HOS CREMATORY Ba	(If in Boltimon URY OCCUR? Pp 67 to OCT(not in (A) (our) ap Stoff Phys. TO., MD. 2 SPITAL-CAT OCATION (Count)	DBER 2,4:40Pg inion death accurred an t 238. DATE SIGNED 10/02/67 1229 ON & WILKENS ity, town, or county)

territory daught but ATTEMPT OF THE PROPERTY OF THE arli ... Eta

67 9578 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9578

M.	E CASE NO.										
1. (Tv	NAME OF DEC	CEASED			2. DATE AND HOUR PRONOUNCED DEAD						
. ,		HARRY S AN	DERSON		October 6, 1967 9:20 a M.					M.	
3. 1	LACE IN BALT	IMORE MARYLAN	D, WHERE PRONOU	NCED DEAD	4. USUA A. STATE	RESIDENC	E (Wher	re deceased lived. I	f in stitution: re	sidence before admis	sion)
FU HO	LL NAME OF	(IF NOT IN H ADDRESS OR	OSPITAL OR INSTITULOCATION)	TION, GIVE STREET		M	lary]			and give township)	_
	0 0 20	5 N. Care	y St.	D.O.A.	D. STREE	ADDRESS		al, give locotian)	10	0 0	
5. 5	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE C		Ve Uc	9. AGE (In y	ears III Und	ler 1 Yr, If Under 24	Hrs.
			WIDOWED, D	OIVORCED (specify)	. /	1		last birthday)	Manth		Ain.
	Male	Colore		ried BUSINESS OR INDUSTRY	1012	9104		eign country)	10.61		
		working lite, even if re		ROZINEZZ OK INDOZIKI	III. BIRTHI	LACE (31016	e or rore	eign country)		ZEN OF AT COUNTRY?	
	Techi		Hahn	Metal Co	Ba	ltimor	e, N	Maryland		U.S.A	
13.	FATHER'S NAN	A E			14. MOTH	ER'S MAID	EN' NA	ME			
	John	Louis Ande	erson			Marga	ret	Smith			
	WAS DECEASE	D EVER IN U.S. A	RM ED FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	MANT			ADDRE	Apt. 3	3
	Yes	WW - T		167-12-9001	Mrc.	Grace	C.	Anderson	1603 5	oray Court	,
	18.	4	-		OF DEA		-	71110013011	1000 0	INTERVAL BETWI	EENI
	420	20/1		CAUSE	OF DEA	ın				ONSET AND DE	
	DISEAS	SE OR CONDITION LEADING TO D									
	(This does n			(A) AT	terio	sclero	tic	Cardiovas	cular		
	heart failure,	, asthenia, etc. It mplication which co	de of dying, e.g., meons the diseose, used death.)	501.10			Dis	sease			
		ANTECEDENT C		(B)							
	RISE TO TH	E ABOVE CAUSE	, IF ANY, GIVING	DUE TO							
_	UNDERLYIN	NG CONDITION	LAST.	(6)							
O				(C)			***********				
F	OTHER SICH	II	TONE CONTRIBUTION	10							
S	TO THE	DEATH BUT NO	TONS CONTRIBUTION TO THE							1000	
E		R CONDITION CA	227			12000 AV		1 1000 10 1000			
CERTIFICATION	19A. DATE OF		S PERFORMED	VHICH OPERATION	20 A. A		es or Ne	O) 20 B. IF YES, WE			
7	21 A. EXTERNA	L CAUSE WAS	218, 1	LACE OF INJURY (e.g.,	in ar about	NO 21C. WHE	RE DID	(If in Baltimare C	ity, give exact	lacation)	
MEDICAL		OR CONTRIB-	home,	farm, factory, street, o	ffice bldg.,	INJURY OC	CCUR?				
Σ	21D TIME	(Month) (Day)	(Year) (Haur) 21	E. INJURY OCCURRED		21 F. HOW	DID IN	JURY OCCUR?			
	(APPROX.)		w.	HILE AT NOT AT W	WHILE						
	22.	tify that I held a			apsy 🗌	and +L	at an t	his basis, death	in my salai		_
			al causes XX A			lamicide [_			on-	
	19201			3				Undetermined n	nanner		
	ACTUAL	131.	-111					EXAMINER		DATE SIGNE	D
	SIGNAT		ans in	M.D.	ASSISTA	NT MEDI	CALE	EXAMINER X			
	EXAMIN	IER'S			ASSOCI	ATE MEDI	ICAL I	EXAMINER			
02.4	NAME (ard F. Wils							er 6, 1967	
	MOVAL (Specify		230	. NAME of CEMETERY o	CREMAT	ORY	23D.	LOCATION	(City, town, or	county) (State	i)
	Burial	10	/10/67 P	altimore Nat:	ional	Cem		Baltimore	. Marvl	and	
24/	. DATE REC'D	BY HEALTH DEPT	24B. NAME	OF REGISTRAR	24C.	FUNERAL D	DIRECTO	OR .	11000	ADDRESS	
	F	GET 9 196	700 8	E. Farbura	U-	mhant	E 1	Nutter 30	35 W M	orth Avo	
145	151-REV. 1/1/		11 Uples 10	C, Colony, and	I LIE	Treat	E. I	Nucter 30	733 W 1V	OT CIL VAG	
VS	INTERFV. I/I/	0.3		a transfer of the transfer of		1	(1	(1)			



54] (BALTIMORE CITY HEALTH DEPARTMENT	67 9579
1 1	RTH NO. 510 67 9579 CERTIFICATE OF DEATH Registered No.	6/ 33/3
F 5 1.1	LE CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH OCT. 6, 1967	1 240 P.M
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If instit	tution: residence before admission)
15	FULL NAME OF (If not in hospitol or institution, give sheet HOSPITAL OR oddress or location) A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write #01)	
	INSTITUTION Baltimore City Hospitals C. CITY OR TOWN (If outside city limits, write AUI Baltimore	KAD one give township?
1.	4940 Eastern Avenue D. STREET ADDRESS (If rurol, give locotion)	0
Ĺ	Baltimore, Maryland 21224 305 South Clinton Street	21224
	emale White Widowed 10-8-18	If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife Maryland	U.S.A.
13.	FATHER'S NAME	
	Charles Frederick Katherine Johnson	
IS,	i, Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) N O 16. SOCIAL SECURITY NO. 218-03-5803 Records: BCH-4940 Eastern At	venue 21224
-	18. / 7 A X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	
	OBSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Address to brain DUE TO	2 months
	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
	injury or complication which coused death.) ANTECEDENT CAUSES (B) Adlno ca I freas T	6 months
	DOE TO	
	DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoting the (C)	
	UNDERLYING CONDITION lost.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
A DIE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
ERTIFIC	Yea:	Yes
V	DEATH (notify medical examine) DEATH (notify medical examine)	City, give exact facation)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21E. HOW DID INJURY OCCUR?	
S	OF INJURY (APPROX.) While At Not While Mark Work At Work	
	WOIK AT WORK	e7 10 67
	that (I) (w) lost sow the deceased dive on 5 19 ond that in (my) (our) opinion	on death accurred on the date
	and hour and from the causes stated above. (1) (We) (did) (Bid not) view the body after death.	OR DATE CONEC
	11 · · · · · · · · · · · · · · · · · ·	Oct 6, 1967
	Dingallium fection (11) Phys. Director Phys.	001 6,1967
	23C.PHYSICIAN'S NAME (Type) Benjamin / Lechner 23D. ADDRESS	
	Benjamin Lechnet M.D. 4940 Eastern Avenue, Battimor	re, Maryland
24	REMOVAL (Specily)	town, or county) (State)
1	Burial 10/11/67 Gardens of Tack (Emetery)	
25	SA. DATE REC'D LY HEALTH DEPT. 25B NAME OF REGISTRAL 25C. FUNERAL DIRECTOR	ADDRESS
_	Joseph 1 Zannens h 263	8. Conhlera Sot
15	s 1so-REV. 1/1/65	0





VS 150-REV. 1/1/65

JULIUS STEED SELECT State Settle with them I at the . The

Habita Hills, July .T.

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na

BIRTH NO.

VS 150-REV, 1/1/65

IMPORTANT

DIRECTOR:

FUNERAL

Y SET PROST CLIF III STIRE PART provinces armagast Y

VS 150-REV. 1/1/65

9 1 09189 · eti ce erc 1986 - 19

67 9584

M.E. CASE NO.	MED	CAL EX	AMINER 5 C	EKTIFICA	TE OF L	JEAIN Register	ed No.
1. NAME OF DEC	EASED HERB	ERT CL	OUPTON			ber 7, 1967	11:15 P.
HOSPITAL OR	MORE MARYLAND W	HERE PROME	NTED	C. CITY OR TO	Maryland WN (If outside Baltimo: DRESS (If rurol,	deceased lived. If instituted in the court in the court in the corporate limits, write regive location)	ution: residence before odmissio
5. SEX	6. RACE	7 AAARRIED	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under 1 Yr, If Under 24 Hr
Male	White	WIDO WED, I	DIVORCED (specify)	1/17/2		lost birthdoy	Months, Doys Hours Min.
10A, USUAL OCCU done during most of w	PATION (Give kind of work rorking lite, even if retired)	Sing	BUSINESS OR INDUSTRY	North	Carolin	a country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM					MAIDEN NAMI		
	C. Cloupton DEVER IN U.S. ARMED	FORCES?	16. SOCIAL	OII	ie McGhe	e	ADDRESS
	(If yes, give wor or date		SECURITY NO.			Home Henders	
110	7 77 :		CAUSE	OF DEATH	runciui	Home Hendere	INTERVAL BETWEEN
UN DERLYIN OTHER SIGN TO THE	E ABOVE CAUSE (A) S' IG CONDITION LAST. II WIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING					
10-7-01	OPERATION 19B, CON WAS PER He	FORMED ad inju	ry	Yes		20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	office bldg.,INJU	WHERE DID RY OCCUR? Presum HOW DID INJU	ably fell	e exact location)
OF INJURY (APPROX.)	?	? , ,	VHILE AT NOT	WHILE ORK	?		
ACTUAL SIGNATU EXAMIN	ER'S Charl	nquiry Uuses U	Inspection Aug	e Homin	MEDICAL EX	AMINER X	
NAME (7 23A. BURIAL CREA REMOVAL (Specify	MATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. L		town, or county) (State)
Remova	al 10/9		Sunset Gardens	3	F	Menderson, N.	, C.
24A. DATE REC'D	GT 9 1967 (Poleut	e, Falley MA	24C. FUNE	RAL DIRECTOR		ADDRESS timore, Md. 2120
VS 151-REV. 1/1/6	55 1	10 530	6 7 11		f3 11	5	

Letter from M.E.'s office 6-26-68 M.H.

VS 150-REV. 1/1/65

NORTH CHARLES GENERAL HARDIN HILL WEST BALTEMORE ST CATRAGES W 1.5 91-50.8 WEST VERGERER WER FOURTHERN GERL LEGERAL WESTFALL MANNER SE CHARLES WITH THAKO WENDER Sont I to

and the state of the state of

67	9586	BALTIMORE CITY			Registered No.	07	9586
M.E. CASE NO. 1, NAME OF DECEASED		CERTIFICA	ATE OF D		HOUR OF DEATH		
(Type or Print) FRA	INK J.	BARLAGE	5,	10/6			9:10 P.
3. PLACE OF DEATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIL	B. COUNTY	deceased lived. If in	stitution; res	idence before odmissio
	hospital or institutio	n, give street	570.		nondson	Ale	Butto
INSTITUTION OGGRESS	or location)	·	C. CITY OR TO	1.	e city limits, write	4.0	give township)
4Bal San	- 4/	1/2/	D. STREET ADD	PRESS (If IUI	ol, give location)		3 - 0 0
CAON CCOUR	307	ZH/	md	,			
5. SEX 6. RACE auchsia	7. MARRI WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	8. DATE OF BIRT	los	AGE (In years t birthdoy)	If Under Months: 1	1 Yr. If Under 24 H Days Hours Min.
toA. USUAL OCCUPATION (Give k		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State of loreign	country)	12. CITIZI WHA	EN OF T COUNTRY?
Retired			MD			U	S.A.
13. FATHER'S NAME			14. MOTHER'S A	MAIDEN NAME)		
15. Was Deceased Ever in U. S.	arlage.	1 4 social	17. INFORMANT	R (H)	WN/e)		ADDRESS
(Yes, no or unknown) (II yes, give w	or or dates of servic	1 6. SOCIAL SECURITY NO.	Miss ANN	el. BA	Rhage .	5702	Ed. ang
18.5 70,31		CAUSE O	F DEATH		nd colon will obstru		NTERVAL BETWEEN
DISEASE OR CONDI-		1/28	2011/211	P Doung	with distre	Tim.	1 days
(This does not meon the heart failure, asthenia, etc.	made of dying, e	g., DUE TO	/) recurry		CVCCP1.	1 cocq
injury or complication which	h caused death.)	36,					
ANTECEDENT		DUE TO			3		
DISEASES OR CONDITIO							
UNDERLYING CONDITION	lasi.						
OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C.	OT RELATED TO	ING Arterio	relevote	e hear	tolesear	Ł.	years
19A. DATE OF OPERATION		R WHICH OPERATION		Y? (Yes or No)	20 B. IF YES, WERE	FINDINGS	CONSIDERED EATH?
E 2			,	es	Yes		
OR CONTRIBUTING CAUS	E OF	21 B. PLACE OF INJURY (e.g., i name, form, foctory, street, o etc.)	ffice bldg., INJURY	Y OCCUR?	(If in Boltimoi	e City, give	exact location)
21D. TIME (Month) (Doy		EL INJURY OCCURRED		OW DID INJUR	Y OCCUR?		
(APPROX.)		While At At Work	le				
22. I certify that (I) (this	hospital) attende	d the deceased fram	10/4	19	67 to	10/6	19.4
that (I) (we) last saw the	deceased alive o	10/6	19.67	and that	in(my) (aur) op	inian death	occurred on the d
and have and from the cau	ses stated above	. (1) (We) (dld) (did not)	view the body a	ifter death.			
23A. SIGNATURE	Bosser	M.D. Att	ending ┌── ∧	Med. Sto	off bear	238. DATE	G/G°)
23C. PHYSICIAN'S	Mawor	Phy	's. 🗆 🖸	Director Ph	ys.	101	6/6)
NAME (Type)	A. BRAVE		23D. ADDRESS	u Se cou	rs Husb	,	
24A. BURIAL CREMATION, 24B.	DATE / 24C	NAME OF CEMETERY OF CR	EMATORY	24D. LOC	ATION (C	ity, town, or	county) /State)
REMOVAL (Specify)	110/17	Went Park		B	A Ho Me	el.	
		E OF REGISTRAR	25C. FUNER	AL DIRECTOR			ADDRESS
OC1 9	1967 000	B. E. Farker M. A.	With	to .	4101	Elm	unia
VS 150-REV. 1/1/66 -	1		A STATE OF THE STA				

La Server Higher CLIVE Gate (riller) 2/21 20 47.01 0/01 Albanion

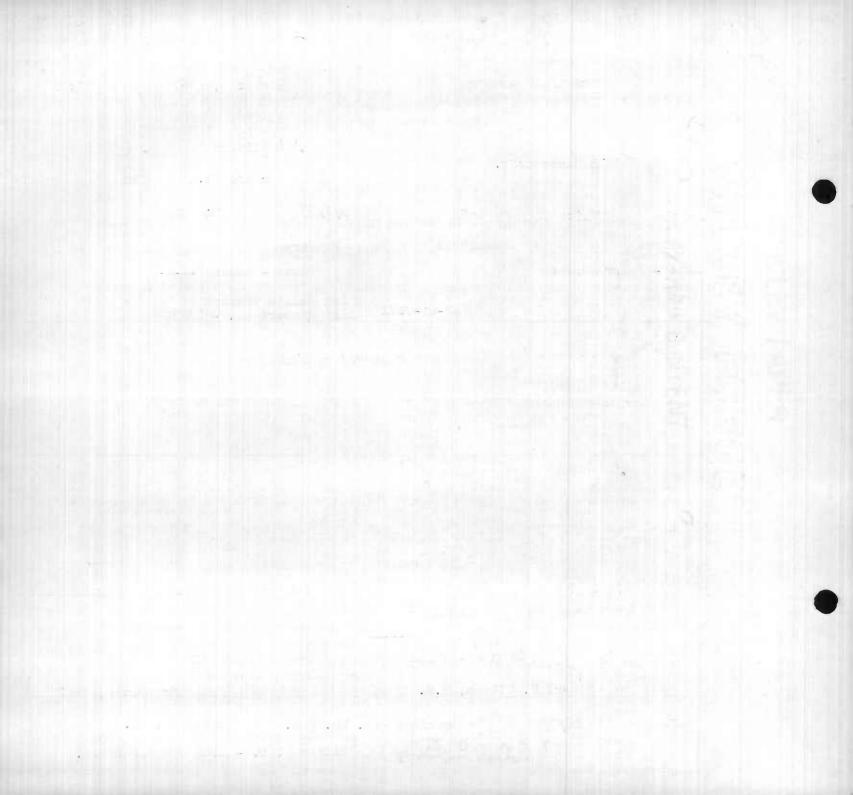
	CERTIFICATE OF DEATH Registered No. CERTIFICATE OF DEATH Registered No. 2. Date and hour of death Pe or Print) Margaret L. Recktenwald
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION Gen. German Aged Home Margaret L. Recktenwald Q. 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admiss B. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township) Limore
ерь 5.	D. STREET ADDRESS (If rurol, give locotion) 22 S. Athol Avenue
	F Cauc. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) W 1 clowed 8. Date Of BIRTH Ost birthdoy) 78 If Under 1 Yr. If Under 24 Months: Doys Mir
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Henry Strupp Louise
(Ye	Was Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. 4 2 1
NO.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. ONSET AND DEATH (A) DUE TO (B) DUE TO (C) JENEVALUAGE (C) JENEVALUAGE (C) JENEVALUAGE (C) DUE TO (D) (E) DUE TO (D) (D) (E) DUE TO (E) DUE TO (C) DUE TO (D) (D) (E) DUE TO (D) (D) (D) (D) (D) (D) (D) (D
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
AL CERTIFIC	OR CONTRIBUTING CAUSE OF
MEDIC	21D. TIME (Month) (Day) (Year) (Hour) 21E INIURY OCCURRED 21E HOW DID INIURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from 1967 to 60 to 1967 that (I) (we) last sow the deceased alive on 60 cm 1967 and that in (my) (aur) apinion death occurred an the
	and hour ond from the couses stoted obove. (I) (We) (did) (did nat) view the body ofter deoth. 23A. SIGNATURE M.D. Attending Med. Director Phys. 602669 23C. PHYSICIAN'S NAME (Type)
24/	William J. Bryson M.D. 4605 Edmondson Ave. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stot.

Didones North SEE TE hample ...

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH Registered No

M.E. CASE NO.				DLAITINEGISIO		
1. NAME OF DECEASED				E AND HOUR PRONOUNC	ED DEAD	
MAGDELEN			October 4, 1967 11:15 a _{M.}			
3. PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	A. STATE	B. CO	titution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET		land		
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET IOSPITAL OR ADDRESS OR LOCATION) 4STITUTION			C. CITY OR TOWN (IF	outside corporate limits, writ	e RURAL and give township)	
				ltimore	1-4-01	
1416 Haube	ert St.		D. STREET ADDRESS (If	rural, give lacation)		
00			1416 Ha	ubert St.		
6. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
Female White	Sing		3/1/93	74 123		
OA. USUAL OCCUPATION (Give kind of wo		BUSINESS OR INDUSTRY			12. CITIZEN OF	
one during most of working life, even if retired) Retired		stress	Hungary		WHAT COUNTRY?	
3. FATHER'S NAME	Dealit	201622	14. MOTHER'S MAIDEN	NAME	USA	
Late - Peter Wambach	1		Late	- Hedwig	_	
5. WAS DECEASED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
es, no or unknown) (If yes, give war or dot		SECURITY NO.	Miss Nellie	Wambach		
		212-05-7871		t St 21230		
1B. F 970 2:		CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION D	IRECTLY				ONSET AND DEATH	
LEADING TO DEAT	Н	(A) Ove	rdose of barb:	iturates		
(This does not mean the mode a heart failure, asthenia, etc. It mean	s the disease,	DUE TO	A	***************************************		
injury or complication which coused	death.)					
ANTECEDENT · CAUSE	ES	(P)				
DISEASES OR CONDITIONS, IF	ANY, GIVING	DUE TO	•••••••			
UNDERLYING CONDITION LAST.						
Z		(C)				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. CO.						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE						
DISEASE OR CONDITION CAUSIN	G IT.		••			
19A, DATE OF OPERATION 19B, COL	NDITION FOR A	WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE F	INDINGS CONSIDERED	
			No			
Q1A, EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB-	21 8. home	PLACE OF INJURY (e.g., , farm, foctory, street, o	in or obout 21C. WHERE C	OID (If in Baltimore City, g	ive exact location)	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)	2		2		
21D TIME (Month) (Doy) (Yes	or) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
(APPROX.)	V	WHILE AT NOT	WHILE			
22.	m. V	VORK L AT W	ork LX Subje	ct took overdo	ose of barbiturate	
I certify that I held an	inquiry 🗌	Inspection X Aut	opsy and that a	n this basis, death in	my apinian	
resulted fram: Natural co	uses A	ccident Suicid	W Hamicide	Undetermined mann	er	
		4 . 1		L EXAMINER		
ACTUAL SALE	17	- Note			DATE SIGNED	
SIGNATURE 10000	vvc .	W.D.	ASSISTANT MEDICA			
EXAMINER'S NAME (Type) Edward	E Wile	on M D	ASSOCIATE MEDICA		. 1 / 1045	
3A, BURIAL CREMATION, 23B, DATE	F . WIIS	on, M.D.	CREMATORY 12	3D. LOCATION (City	tober 4, 1967	
REMOVAL (Specify)	1.4-					
Burial 10/7/		Meadowridge		Baltimore		
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRE		ADDRESS	
QCT 9 1967	Colou	& E. Sarbey M.	Witzke F.	D 4101 Eam	ondson Ave.	
VS 151 BEV 1/1/45						
VS 151-REV. 1/1/65	()	1 11 .) 0	13 A A			

9 9 6 0 9

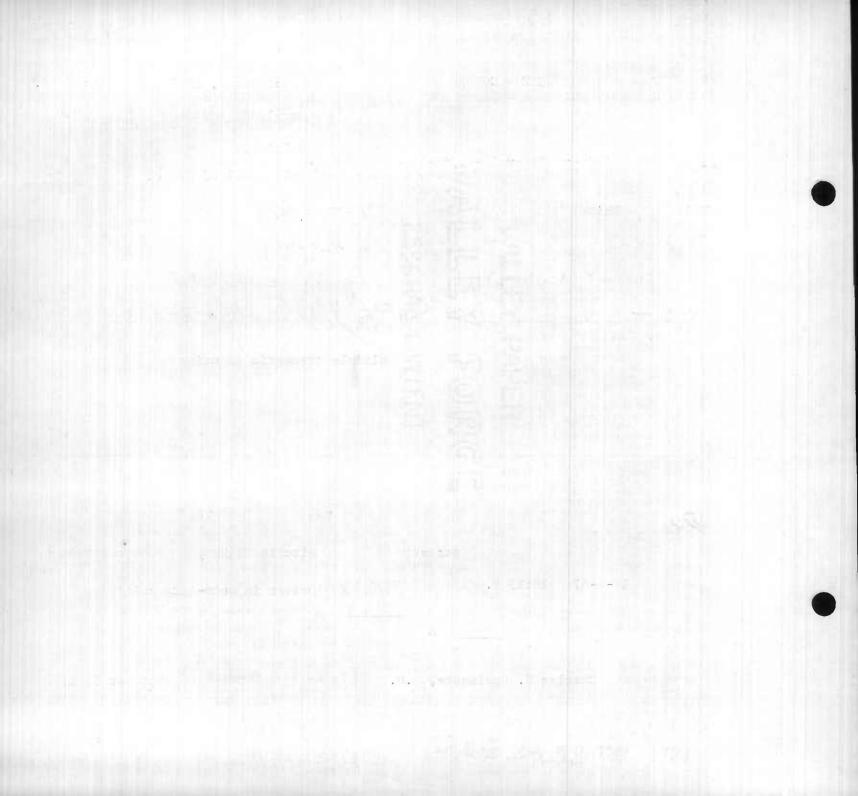




NACT OF DE	Bert.	ha V. Br	CERTIFICA	2. DATE	5, 1967	1
PLACE OF DE	ATH IN BALTIMORE, MA		ICKEI	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or locatio	n)		Baltimo	outside city limits, with	RURAL and give township)
19				1924 W.	Franklin St	•
Female	6. RACE	7. MARRIED, WIDOWED Never M	NEVER MARRIED , DIVORCED (specify) arried	B. DATE OF BIRTH Feb. 23, 1884	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	working life, even if retired)	Saving		Baltimore, Md	-	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA		Bricker		14. MOTHER'S MAIDEN N		
. Wos Deceose	d Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				C. V. Lemmon,	4611 Park H	eights Ave.
1B.	OXI		CAUSE O	F DEATH		INTERVAL BETWEEN
heart failure, injury or con DISEASES rise to th	nol mean the made of , asthenio, etc. Il means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) G CONDITION last.	s the disease, d death.)	50110	seit sugaran		6 huse.
OTHER SIGN	DEATH BUT NOT RELATED CONDITIONS CONDITION CAUSING	ATED TO THE		Semility	Nal 208 IF WES AVERS	SANGER CONSIDER
DISEASE OR		REDRINED	VHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE O			PLACE OF INJURY (e.g., in e, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
19A. DATE O	WAS PER	(Hour) 21E,	e, form, foctory, street, of INJURY OCCURRED Le At Not While	21F. HOW DID II		re City, give exact locohon)
21A. ACCIDE OF CONTRIB DEATH (notif DEATH (notif OF INJURY (APPROX.)	WAS PER	(Hour) 21E, Whi	e, form, foctory, street, of INJURY OCCURRED Le At Not While At Work	21F. HOW DID II		Ore City, give exoct locotion)
21A. ACCIDE OR CONTRIB DEATH (notif DEATH (notif 21D. TIME OF INJURY (APPROX.)	WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer) (Month) (Doy) (Year)	(Hour) 21E, Whi Wor	e, form, foctory, street, of INJURY OCCURRED Le At Not While At Work	21F. HOW DID II	NJURY OCCUR?	O-5 19 67
21A. ACCIDE OR CONTRIB DEATH (notify 121D. TIME OF INJURY (APPROX.) 22. I certify that (I)	WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) y that (I) (this hospite - last saw the decease and fram the causes sta	(Hour) 21E, Whi Wor	INJURY OCCURRED Le At Not While At Work Not Work Not Work	21F. HOW DID II	NJURY OCCUR?	0-5 19 67 Dinion death accurred an the do
19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I)	WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) y that (I) (this hospite - last saw the decease and fram the causes sta	(Hour) 21E, Whi Wor	INJURY OCCURRED le At Not While At Work ne deceased fram (We) (did) (did nat) v	21F. HOW DID II	NJURY OCCUR?	O-5 19 67
21A. ACCIDE OR CONTRIB DEATH (notify 121D. TIME OF INJURY (APPROX.) 22. I certify that (I)	was PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Doy) (Year) y that (I) (this hospite chart saw the decease of fram the causes sta	(Hour) 21E, Whi Wor	INJURY OCCURRED Le At Not While At Work Not While deceased fram (We) (did) (did nat) v Attention M.D. Attention	21F. HOW DID II Copyrid 1967 ond riew the body after death	njury occur? 19 & 7 ta	0-5 19 67 Dinion death accurred an the do
21A. ACCIDED OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) and haur or 23A. SIGNAT	was PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Doy) (Year) y that (I) (this hospite chart saw the decease of fram the causes sta	(Hour) 21E, Whi Wor word attended the dalive on	INJURY OCCURRED Le A1 Not While At Work Not Well (did) (did nat) v Not Well (did) (All nat) v Not Well (did) (All nat) v	21F. HOW DID II A price of the body after death A price of the body after death 23D. ADDRESS 303 North Roll	19 & 7 to	0-5 19 67 Dinion death accurred an the da

The state of the s The same services with the same services destructory us. non a Prince Prince and the second of the second o The was the ser of the constant of the second of the secon

VS 151-REV. 1/1/65



Type or Print	Catherine	Cichow	icz	Oct. 6, 1967	12:30 p.
PLACE OF	DEATH IN BALTIMORE,	MARYLAND	on, give street	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY Maryland	
HOSPITAL	OR oddress or loc	cation)		C. CITY OR TOWN (II outside city limits, Baltimore	write RURAL and give township)
00	SOSO DITTO	M DM.ee		D. STREET ADDRESS (If rurol, give lacotion 2828 Dillon Street	on)
emale	6. RACE	WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) March 21, 1877 90	Months Doys Hours Min.
one during me	OCCUPATION (Give kind of ist of working life, even if retine sewife		OF BUSINESS OR INDUSTRY	Poland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
3. FATHER'S And	name rew Puwalski			14. MOTHER'S MAIDEN NAME Mary ?	
	osed Ever in U. S. Armed nawn) (II yes, give wor or		1 6. SOCIAL SECURITY NO. 220-03-1218	17. INFORMANT (Daughter) Miss Helen Cichowicz, 28	Md. 21224
18.44	0-2.11			DE DEATH	INTERVAL BETWEEN
DI	SEASE OR CONDITION	DIRECTLY		0 1 1 1 1 1 1	ONSET AND DEATH
	SEASE ON COMPINION	DIKECILI			
	LEADING TO DEA	ATH	(A)	entral apopling	24 hus.
(This do	LEADING TO DEA	ATH of dying, e	(A) (DUE TO	gentral apoplicy,	29 mis.
(This do	LEADING TO DEA	ATH of dying, e	.g., DUE TO	General apoplicy	guella 40-50 gr
(This do	LEADING TO DEA es not meon the mode ture, osthenio, etc. It me	ATH of dying, e eons the diseo used deoth.)	.g., DUE TO	Central apoplisty.	racker 40-50 yrs
(This do hearl foi injury or	LEADING TO DEA es not meon the mode lure, osthenio, etc. It me complication which cou	ATH of dying, eeons the diseoused deoth.) USES	.g., DUE TO OUE TO DUE TO	Gentical apoplisty, Universelection Cardio-vo	nucle 40-50 yrs
(This do heart foi injury or DISEASE	LEADING TO DEA es not meen the mode lure, esthenic, etc. If me complication which cou ANTECEDENT CAU S OR CONDITIONS, the obove couse	ATH of dying, e econs the diseo used deoth.) JSES if ony, giv (A) stoting	(B) ORK	Gentral Apoplisty Unispellette Cardio-vo art dissoil	14 mes.
(This do heart foi injury or DISEASE	LEADING TO DEA es not meen the mode lure, esthenic, etc. It me complication which cou ANTECEDENT CAU S OR CONDITIONS,	ATH of dying, e econs the diseo used deoth.) JSES if ony, giv (A) stoting	(B) ORK	Pendiral Apoplisty, Universelectio Cardio-vo art dissoil	nucla 40-50 yrs
(This do heart foi injury or DISEASE rise to UNDERI	LEADING TO DEA es not meen the mode lure, esthenic, etc. It me complication which coe ANTECEDENT CAL S OR CONDITIONS, the obove couse YING CONDITION lost. GIGNIFICANT CONDITION E DEATH BUT NOT	of dying, e eans the diseoused deoth.) USES if ony, give (A) stoting RELATED TO	(B) ARR DUE TO the	Pendiral Apoplist, Universelection Cardio-vo ant descore	nucla 40-80 yrs 8 days.
(This do heart foi injury or DISEASS rise to UNDERI	LEADING TO DEA es not meen the mode lure, esthenic, etc. It mo complication which cou ANTECEDENT CALL S OR CONDITIONS, the obove couse YING CONDITION lost II SIGNIFICANT CONDITION E DEATH BUT NOT OR CONDITION CAUSI E OF OPERATION 198.	of dying, epons the diseoused deoth.) JSES if ony, givi (A) stoting RELATED TO	(B) ARR DUE TO the	unt descort ant descort 20A. AUTOPSY? (Yes or No) 20B. IF YES. V IN CERTIFYIN	40-50 yrs 8 dags.
OTHER TO THE DISEASE 1994. DATE OF CON	LEADING TO DEA es not meen the mode lure, esthenic, etc. It mo complication which cou ANTECEDENT CALL S OR CONDITIONS, the obove couse YING CONDITION lost II SIGNIFICANT CONDITION E DEATH BUT NOT OR CONDITION CAUSI E OF OPERATION 198.	of dying, e eons the diseoused deoth.) JSES if ony, giving (A) stoting RELATED TO NG IT. CONDITION FOR PERFORMED	ING THE DELETION 21B. PLACE OF INJURY (e.g.,	unt descort ant descort 20A. AUTOPSY? (Yes or No) 20B. IF YES. V IN CERTIFYING	s days.
OTHER TO THE DISEASE 1994. DATE OF CON	LEADING TO DEA es not mean the mode lure, osthenio, etc. It me complication which cou ANTECEDENT CAL S OR CONDITIONS, the above cause YING CONDITION lost. GIGNIFICANT CONDITION E DEATH BUT NOT OR CONDITION CAUSI E OF OPERATION 198, WAS CIDENT WAS UNDERLYIN TRIBUTING CAUSE OF notily medical examiner) E (Month) (Day) (Y	of dying, earns the diseaused death.) USES if ony, giving. (A) stoting RELATED TO NG IT. CONDITION FOR PERFORMED	TING THE TING THE TOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, company, s	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING IN OF IN CERTIFYING INJURY OCCUR?	S days. WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OTHER TO THE DISEASE TO TO THE DISEASE TO TO THE DISEASE TO TO THE DISEASE TO THE	LEADING TO DEA es not mean the mode lure, osthenio, etc. It m complication which cou ANTECEDENT CALL S OR CONDITIONS, The above cause YING CONDITION lost BIGNIFICANT CONDITION OR CONDITION CAUSI OR CONDITION CAUSI E OF OPERATION TRIBUTING CAUSE OF natily medical examiner) E (Manth) (Day) (Y RY)	of dying, each of dying, each of dying, each of dying, each of deoth.) JSES if ony, giving of the discourse of the deoth	ING THE TING THE THE TING THE THE TING THE THE THE THE THE THE THE THE	20A. AUTOPSY? (Yes or No) 20B. IF YES, VIN CERTIFYING in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	S days. WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OTHER TO TH DISEASE 19A. DAT DAT DISEASE 19A. DAT DAT DISEASE 19A. DAT	LEADING TO DEA es not mean the mode lure, osthenio, etc. It me complication which cou ANTECEDENT CAL S OR CONDITIONS, the above cause YING CONDITION lost. GIGNIFICANT CONDITION E DEATH BUT NOT OR CONDITION CAUSI E OF OPERATION 198, WAS CIDENT WAS UNDERLYIN TRIBUTING CAUSE OF notify medical examiner) E (Manth) (Day) (Y RY ortify that (1) (this hose (we) lost sow the deco	of dying, earns the diseaused death.) USES if ony, give (A) stating RELATED TO NG IT. CONDITION FO PERFORMED (ear) (Hour)	ING THE THE PROBLEM OF INJURY (e.g., home, larm, factory, street, cetc.) While A1 Not White A1 Work of the deceased from the control of the deceased from the cetc.	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Solimore City, give exact lacation)
OTHER TO TH DISEASE 19A. DAT OF INJU (APPROX. 22. I ce thot (1) ond hou	LEADING TO DEA es not mean the mode lure, osthenia, etc. It me complication which cor ANTECEDENT CAL S OR CONDITIONS, the above cause YING CONDITION lost EDEATH BUT NOT OR CONDITION CAUSI E OF OPERATION 198. CIDENT WAS UNDERLYIN TRIBUTING CAUSE OF notify medical examiner) E (Month) (Day) (Y RY Or ond from the causes	of dying, earns the diseaused death.) USES if ony, give (A) stating RELATED TO NG IT. CONDITION FO PERFORMED (ear) (Hour)	ING THE THE PROBLEM OF INJURY (e.g., home, larm, factory, street, cetc.) While A1 Not White A1 Work of the deceased from the control of the deceased from the cetc.	20A. AUTOPSY? (Yes or No) 20B. IF YES, VIN CERTIFYING in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Collimore City, give exact location)
OTHER TO TH DISEASE 19A. DAT DAT DISEASE 19A. DAT DAT DISEASE 19A. DAT	LEADING TO DEA es not mean the mode lure, osthenia, etc. It me complication which cor ANTECEDENT CAL S OR CONDITIONS, the above cause YING CONDITION lost EDEATH BUT NOT OR CONDITION CAUSI E OF OPERATION 198. CIDENT WAS UNDERLYIN TRIBUTING CAUSE OF notify medical examiner) E (Month) (Day) (Y RY Or ond from the causes	of dying, earns the diseaused death.) JSES if ony, giving, earns to the diseaused death.) JSES if ony, giving, earns to the death of the diseaused death.) JSES if ony, giving, earns to the death of the death	ING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, larm, factory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work of the deceased from the control of the cetc.	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Soltimore City, give exact location) 10 oplinion death occurred on the company of the company o
OTHER TO TH DISEASE 19A. DAT OF INJU (APPROX 22. I ce that (1) and hou 23A. SIGI	LEADING TO DEA es not mean the mode lure, osthenio, etc. It m complication which cou ANTECEDENT CAL S OR CONDITIONS, the above cause YING CONDITION lost CIGNIFICANT CONDITION E DEATH BUT NOT OR CONDITION CAUSI E OF OPERATION 198. WAS CIDENT WAS UNDERLYIN TRIBUTING CAUSE OF notily medical examiner) E (Month) (Day) (Y etify that (I) (this host (wee) lost sow the decor ond from the causes HATURE	of dying, earns the diseaused death.) JSES if ony, giving, earns to the diseaused death.) JSES if ony, giving, earns to the death of the diseaused death.) JSES if ony, giving, earns to the death of the death	ING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, larm, factory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work of the deceased from the control of the cetc.	20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond that in (my) (automatical property) view the body after death.	Saugh. Saugh. WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Oltimore City, give exact location) Oplimore City of the death of the death of the death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occurre
OTHER TO TH DISEASE 19A. DATE OF INJU (APPROX. 22. I ce thot (1) ond hou 23A. SIGI	LEADING TO DEA es not mean the mode lure, osthenio, etc. It m complication which cou ANTECEDENT CAL S OR CONDITIONS, the above cause YING CONDITION lost CIGNIFICANT CONDITION E DEATH BUT NOT OR CONDITION CAUSI E OF OPERATION 198. WAS CIDENT WAS UNDERLYIN TRIBUTING CAUSE OF notily medical examiner) E (Month) (Day) (Y etify that (I) (this host (wee) lost sow the decor ond from the causes HATURE	of dying, earns the diseaused death.) JSES if ony, giving, earns to the diseaused death.) JSES if ony, giving, earns to the death of the diseaused death.) JSES if ony, giving, earns to the death of the death	ING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, larm, factory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work of the deceased from the company of the com	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. How did in (my) (automatical did in (my)) 21F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my)) 22F. How did in (my) (automatical did in (my))	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Solitimore City, give exact location) 40-5041 9 Augy. 19 Option death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurr
OTHER TO TH DISEASE 19A. DATE 19A. D	LEADING TO DEA es not mean the mode lure, osthenio, etc. It me complication which cor ANTECEDENT CAL S OR CONDITIONS, the above cause YING CONDITION lost BIGNIFICANT CONDITION E DEATH BUT NOT OR CONDITION CAUSI E OF OPERATION 198. WAS CICIDENT WAS UNDERLYIN TRIBUTING CAUSE OF notify medical examiner) E (Month) (Day) (Y RY) ortify that (1) (this hosy (wee) lost sow the decor ond from the causes HATURE	of dying, earns the diseaused death.) USES if ony, give (A) stoting RELATED TO NG IT. CONDITION FO PERFORMED AGE Cear) (Hour) Stoted obove RELATED TO PERFORMED AGE CEAR OF THE	ING THE THE TING THE THE THE THE THE THE THE THE	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING 21F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Solitimore City, give exact location) 40-5041 9 Augy. 19 Option death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurr

TOTAL CARE IN THE PARTY OF THE

Teaching)

BUS RESERVED IN THE PROPERTY OF

and a succession of the second second







100	110		BALTIMORE CITY	HEALTH DEPARTMEN	NT	07 0700
BIRTH NO.	42 67	959	3 CERTIFICA	TE OF DEAT	H Registered Na.	67 9593
M.E. CASE NO.		333	CERTIFICA			
1. NAME OF DI					TE AND HOUR OF DEATH	
	Katherine		ewski		t. 6, 1967	2:15 A M
3. PLACE OF D	EATH IN BALTIMORE, M	ARYLAND			(Where deceased lived, If in	nstitution: residence before admission)
F1111 NAAA	AP 0/ 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
HOSPITAL O	R oddress or locati		give street	Maryland	(If outside city limits, write	RURAL and give township)
INSTITUTION	BALTIMORE C	דייע אחפו	оттат.	Baltimore	in contract only management	16 06
- 1	L9LO EASTER		7.144	D. STREET ADDRESS	(If rural, give location)	- 0 0
31	прио визтеи	M WAE.			ghland Ave.	
	L aves	TT 44400155	NEWS AND BUILD	8. DATE OF BIRTH		
5. SEX	6. RACE		D, NEVER MARRIED D) VORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours Min.
Female	White		lowed	5/6/88	79	
	CUPATION (Give kind of wo of working)ife, even if retired		F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewi.	140	,		Maryland		U. S. A.
13. FATHERS N		1		14. MOTHER'S MAIDE	N NAME	0. D. R.
Jacob	Gorniak			Anna Kosio		
15. Wos Deceas	ed Ever in U. S. Armed F wn) (If yes, give wor or do	orces?	1 6. SOCIAL	17. INFORMANT (Dau	chter)	Md. 21222
No	while yes, give wor or do	iles of servicer	SECURITY NO. 213-14-1729A	Mre. Julia	Abber 701 S	49th St. Dundalk.
					roces, for p.	
1B. 44 6	20,01		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D					
	LEADING TO DEATH			teriosclerot	ic Heart Disea:	90
	nal mean the made of					
	amplication which cause					
	ANTECEDENT CAUSE	S	(B)		2000 0 700 0 000 00 00 00 00 00 00 00 00	
DISEASES						
	OR CONDITIONS, il the above cause (A					
	NG CONDITION last.		(0)			
	11					
Z OTHER SIC	NIFICANT CONDITIONS	CONTRIBUTION	IG			
E TO THE	DEATH BUT NOT RE	LATED TO T				
U 19A. DATE	OF OPERATION CAUSING		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE		RFORMED	WINCH OF EXAMON	No	IN CERTIFYING CA	USES OF DEATH?
# 21A ACC	SENT WAS UNDERLYING		P. DI A CE OF INITION/ :		010 (16 in Palitina	Circuit Institution
OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF	ho	B. PLACE OF INJURY (e.g., i me, lorm, foctory, street, o	fice bldg., INJURY OCC	UR?	re City, give exact location)
DEATH (no	tily medical examiner)	ete	c.)			
Q 21 D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	21F. HOW DI	ID INJURY OCCUR?	
OF INJURY			hi)e At Not Whi			
			ork At Work			
22. I certi	fy that (1) (363630363036303	₫) å attended	the deceased from 1-3	-67	19 to 10	-3- 67 19
that (1) (vi	e) last saw the decea	sed alive on	10-3-67	19	and that in (my) (Str) api	inian death occurred an the da
		ated abave.	(1) (1(2(1)(1)) (did not) v	riew the bady atter d	eath.	
23A. SIGNA	TURE					238, DATE SIGNED
	melity -	m. 10	For m. D. Att.	ending Med. Director	Stoff Phys.	10/6/67
23 C. PHYSIC	IAN'S			23D. ADDRESS		1
NAME	Melito M.	Corres	AA D	ולון כ פון	and Ave Palta	Md 27221.
			M.D.		ood Ave. Balto	
24A. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY of CR	EMATORY	24D. LOCATION (C	city, town, or county) (State)
Buria		/67 St	. Stanislaus (emetery	Ral	timore, Md.
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
O.			. Farbura	John J. D	uda, 2829 Huds	on St. Balto. Md.
- 01		Well C	" Although and			
VS 150-REV. 1/	1/65			1 9 0 1	• 1	

of the special state of the sp

policie and a seven beautiful all olars.

meth on Tongon a

DETERMINE

The second of th

full account about the start will all the

NAME OF DE	CEASED	001	94 CERTIFICA		AND HOUR OF DEATH	
Typo or Print)		LOTEC A	DDOWN			:301A M
PLACE OF D	MRS FRAN	RYLAND	BROWN	4. USUAL RESIDENCE (W	here deceased lived. If instit	:30 A.M. ulion: residenco boforo odmis
FULL NAME HOSPITAL OR INSTITUTION			givo streot	Maryland C. City or town (If	//	RAL and give township)
	CH HOME AND HONORTH BROADWAY			BALTIMOR D. STREET ADDRESS	E Sparrows P	oint? 53 -0
	TIMORE MARYL		21 231	1337 Beechwo	od Road	#19
Female	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify) ARRIED	B. DATE OF BIRTH June 7, 1905	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Aonths Ooys Hours M
	CUPATION (Give kind of work	108. KINO O	F BUSINESS OR INOUSTRY	11. BIRTHPLA CE (State or fo	proign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	I working tite, even if retired)	HOUSE	WIFE	maryland		U. S. A.
JOHN A				ADA MILLER	AME	
	od Ever in U. S. Armed For vn) (If yos, give wer er dete		16. SOCIAL SECURITY NO. 213-07-1435B	17. (Rusbahd) Rex J. Brown,	Sparrows Po	int, Andess 21219 d Rd.
	ANTECEDENT CAUSES		(B)	a abbaraba aa 0 aa 0 0 0 0 0 0 0 0 0 0 0 0 0 0	h	
iise to t	OR CONDITIONS, if he obave couse (A) NG CONDITION lost,	any, giving				
OTHER SIGN TO THE OISEASE OF THE OIS	OR CONDITIONS, if he obave couse (A) NG CONDITION lost. II NIFICANT CONDITIONS CODEATH BUT NOT RELATE CONDITION CAUSING 1	any, giving stating the CONTRIBUTINATEO TO THE	(C)			
OTHER SIGN TO THE OISEASE OF THE OIS	OR CONDITIONS, if he obave couse (A) NG CONDITION lost. II NIFICANT CONDITIONS CODEATH BUT NOT RELATE CONDITION CAUSING 1	any, giving stating the contribution to the transfer of the tr	G IE WHICH OPERATION			DINGS CONSIDERED
OTHER SIGN TO THE OISEASE OF TO THE OISEASE OF TO THE OISEASE OF THE OISEASE OISEASE OF THE OISEASE OISEASE OF THE OISEASE OF THE OISEASE OF	OR CONDITIONS, if he obave couse (A) IG CONDITION lost, II NIFICANT CONDITIONS CODEATH BUT NOT RELA R CONDITION CAUSING to OPERATION [198. CON	any, giving stating the CONTRIBUTIN ATEO TO THAT.	G WHICH OPERATION A S C S S PLACE OF INJURY(e.g., in no, form, foctory, street, of	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED
OTHER SIGN TO THE OISEASE OF TO THE OISEASE OF TO THE OISEASE OF THE OISEASE OISEASE OF THE OISEASE OISEASE OF THE OISEASE OF THE OISEASE OF	OR CONDITIONS, if he obave couse (A) NG CONDITION lost, II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING t OF OPERATION 198. CON WAS PERI THE TOTAL CONTROL OF THE CONTROL	CONTRIBUTINATEO TO THE. IDITION FOR FORMEO (Hour) 21E	G IE WHICH OPERATION A S C S S DPLACE OF INJURY (e.g., in post of the control of	20A. AUTOPSY? (Yes or No. 1) or obout 21C. WHERE DID INJURY OCCUR?	No) 208, IF YES, WERE FIN IN CERTIFYING CAUSI (If in Boltimore C	DINGS CONSIDERED
OTHER SIGN TO THE OTHER SIGN T	OR CONDITIONS, if he obave couse (A) IG CONDITION lost, II NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PERI WAS UNDERLYTING BUTHNG CAUSE OF (y medicol oxominer) (Month) (Doy) (Year) y that #1 (this hospital	CONTRIBUTINATEO TO THE. IDITION FOR FORMEO (Hour) 21E Wh. Wh. Water and the set alive an	G WHICH OPERATION A S C S S PLACE OF INJURY (e.g., in no, form, foctory, street, of not while the deceased from S The deceased from S	20A. AUTOPSY? (Yes or No nor about 21C. WHERE DID INJURY OCCUR? 21F. HOW OID II	No) 208, IF YES, WERE FIN IN CERTIFYING CAUSI (If in Boltimore C NJURY OCCUR?	DINGS CONSIDERED ES OF OEATH? ity, give exact location)
OTHER SIGN TO THE SIGN TO THE OISEASE OI 19 A. DATE OF CONTRIL OEATH (noting that (1) (we and hour a 23A. SIGNAT	OR CONDITIONS, if he obave couse (A) IG CONDITION lost. II NIFICANT CONDITIONS CODEATH BUT NOT RELATE CONDITION CAUSING to DEPART ON 198. CON WAS PERIOD (Month) (Day) (Year) Y that (this hospital of last sow the decease and from the causes stated to the couses stated to the couse stated to the cous	CONTRIBUTINATEO TO THE. IDITION FOR FORMEO (Hour) 21E Wh. Wh. Water and the set alive an	WHICH OPERATION A S C S S EPLACE OF INJURY (e.g., in no, form, foctory, stroet, of not while the deceased from the dec	20A. AUTOPSY? (Yes or No. 1) or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW OID II 21F. HOW offer death 21 f. How offer death 22 f. Med. 23 f. Med. 24 f. Director	No) 208. IF YES, WERE FIN IN CERTIFYING CAUSI (If in Boltimore Consumption of the consum	DINGS CONSIDERED ES OF OEATH? ity, give exact location)
NOTHER SIGN TO THE	OR CONDITIONS, if he obave couse (A) IG CONDITION lost, II NIFICANT CONDITIONS CONDEATH BUT NOT RELAR CONDITION CAUSING IF OF OPERATION 198. CONDITION CAUSING IF OPERATION 198. CONDITION (Month) (Day) (Year) The condition of the couse of	CONTRIBUTINATEO TO THE. IDITION FOR FORMEO (Hour) 21E Wh. Wh. Water and the set alive an	WHICH OPERATION A S C S S EPLACE OF INJURY (e.g., in no, form, foctory, stroet, of not while the deceased from the dec	20A. AUTOPSY? (Yes or No. 1 or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW OID II 21F. HOW oid and and and and and and and and and an	No) 208, IF YES, WERE FIN IN CERTIFYING CAUSI (If in Boltimore C NJURY OCCUR? 19 ta Q that in (my) (aur) opinion.	DINGS CONSIDERED ES OF OEATH? City, give exact location) on death occurred an the
NOTHER SIGN TO THE	OR CONDITIONS, if he obave couse (A) IG CONDITION lost. II NIFICANT CONDITIONS CONDEATH BUT NOT RELATED TO PERATION 198. CONDITION CAUSING BUTING CAUSE (Month) (Day) (Year) Y that (H) (this hospital of the couses stated the co	CONTRIBUTINATEO TO THE. IDITION FOR FORMEO (Hour) 21E Wh. Wh. Water and the set alive an	WHICH OPERATION A S C S S EPLACE OF INJURY (e.g., in no, form, foctory, stroet, of not while the deceased from the dec	20A. AUTOPSY? (Yes or No. 1 or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW OID II 21F. HOW oid and and and and and and and and and an	No) 208. IF YES, WERE FIN IN CERTIFYING CAUSI (If in Boltimore C NJURY OCCUR? 19 ta 2 that in (my) (aur) opinion.	DINGS CONSIDERED ES OF OEATH? City, give exact location) on death occurred an the
NOTHER SIGN TO THE	OR CONDITIONS, if he obave couse (A) IG CONDITION lost, II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING HE CO	CONTRIBUTINATEO TO THE TIT. CONTRIBUTION FOR FORMEO (Hour) 21E Whom of the contribution of the contribut	G G HE WHICH OPERATION A S C S S L PLACE OF INJURY (e.g., in no., form, foctory, street, of no.) INJURY OCCURRED Initio A1 Not Whith A1 Work The deceased from S (We) (did) (did not) v M.D. Alter Phy	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID injury OCCUR? 21F. HOW OID II 21F. How oid III 21F. How oid III	No) 208. IF YES, WERE FIN IN CERTIFYING CAUSI (If in Boltimore Consumption of the consum	DINGS CONSIDERED ES OF OEATH? City, give exact location) on death occurred an the 38. DATE SIGNED

THE PERSON NAMED IN STREET

The Late of the Control of the Contr

IN all professionamental market [A I Same and LEGI a pend of the

greet for a region made from groups and members

. The April and the

BIRTH NO. D	-656 67	9595 CERTIE	ICATE OF DEATH	Registered No. 67 9595
M.E. CASE NO. 1. NAME OF DECI (Type or Print)		Mary J. Dr		HOUR OF DEATH
FULL NAME OF HOSPITAL OR INSTITUTION	oddress or location	or institution, give street TY HOSPITALS	BALTIMORE CITY C. CITY OR TOWN (If outside BALTIMORE	HOSPITALS city limits, write RURAL and give township
91	BALTIMORE 21	224, MD.	4940 EASTERN AV	E. #21224
FEMALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	Nov. 22, 1901	AGE (In years birthday) Months Doys Hours Min
	vorking life, even if retired)	108. KIND OF BUSINESS OR INC	VIRGINIA	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAA	WILLIAM S	SHIFLETT	14. MOTHER'S MAIDEN NAME MARY SH	IFLETT
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For (II yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO.		ADDRESS MD. O EASTERN AVE. BALTO.21224
DISEASES O	R CONDITIONS, il above couse (A) CONDITION last.	ony, giving sloting line (C)	Rione Obstructive Disease	e Pulmoray Life long
A DISEASE OR	OPERATION 198. CON WAS PER	IT. INCOME.	20A. AUTOPSY? (Yes or No) 2 NO	08. IF YES, WERE FINDINGS CONSIDERED N CERTIFYING CAUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF	21B. PLACE OF INJUR' home, lorm, loctory, st etc.)	(e.g., in or obout 21C. WHERE DID treet, office bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	While At N	ED 21F. HOW DID INJURY	OCCUR?
that(I)(we)	last saw the decease		19.6.7and that i	ta 19 7
23A. SIGNATU 23A. PHYSICIA NAME (T	re mid & W	ed above. (1) (We) (did) (did)	Phys. Director Phy	23B. DATE SIGNED 10/5/67 CITY HOSPITALS
	DR. DAVI	E. MC BETH		UE, BALTIMORE 21224, MD.
Burial	10/8/6	Holly Memoria	or CREMATORY 24D. LOCA	Charlottesville, Va.
25A. DATE REC'D		258. NAME OF REGISTRAR		ADDRESS

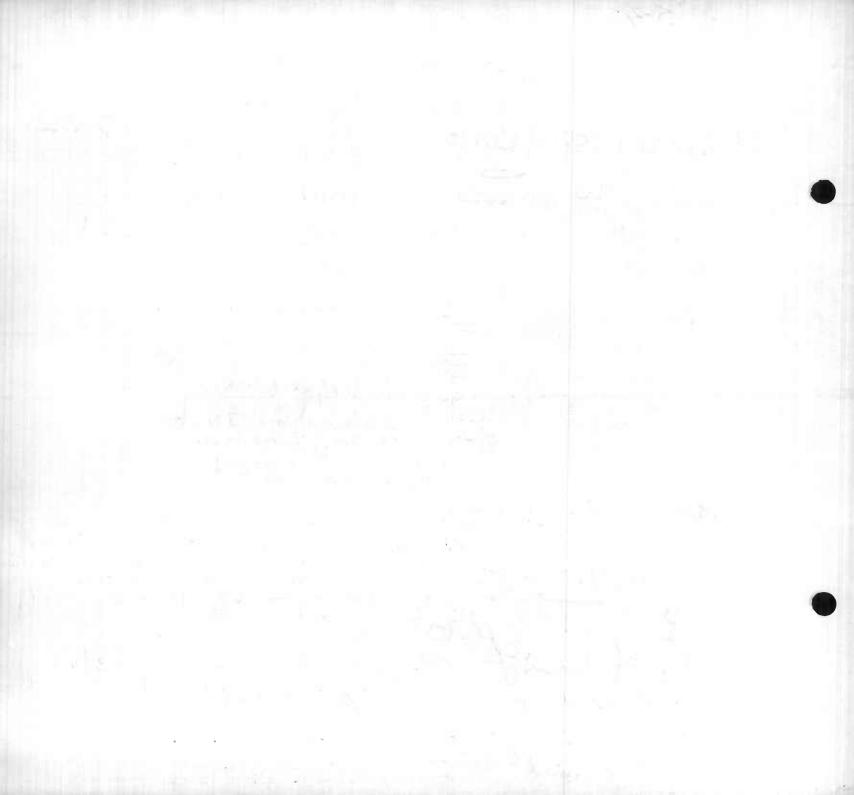
This will be set to the second of the second

the pulse were outsided possible of the contract of the contra

IMPORTANT

FUNERAL DIRECTOR:

	5-423 6	BALTIMORE CITY	HEALTH DEPARTMENT		67 9596
BIRTI	1 NO. 7 7 5 6	7 9596 CERTIFICA	TE OF DEATH	Registered Na	07 0000
	CASE NO. AME OF DECEASED			HOUR OF DEATH	
	or Print) NOORIC A	- Slechta	4:2	0 10/	2/67 "
3. P	LACE OF DEATH IN BALTIMORE, MA	ARYLAND		deceased lived. If instit	tution: residence before admission)
	III NAME OF A STATE ASSISTAN	as leadibution and about	A STATE B. COUNTY		
H	ULL NAME OF (If not in hospital OSPITAL OR oddress or tocotic	or institution, give street	C. CITT OR TOWN (If outside	de city limits, write RUI	RAL and give waship)
-		10011	1 metumor	R	1-02
5	SINVAL ISTOSIR.	of Dallo	D. STREET ADDRESS (V rur	ol, give tocotion)	
		3	704 10.00	SE 24	#5
5. \$1	6. RACE	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Nonths: Days Hours Min.
	T W	married	9/29/15	52	
	USUAL OCCUPATION (Give kind of worduring most of working life, even if retired)	10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	ssembly Line	Calvert Distillery	Baltimore		USA
	ATHERS NAME		14. MOTHER'S MAIDEN NAME		<u> </u>
J	ames Turc	đ	Marie Havlic		
15. V	Vos Deceased Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS
	no or unknown) (If yes, give wor or dot	es of service) SECULATY NO.	0		11 67 11 17
_	no	THE CAUSE OF	Charles Slecht	a, husband,	
	DISEASE OR CONDITION DI	CAUSE O	PUEATH	٨	ONSET AND DEATH
	LEADING TO DEATH	3 5/3 1)1	200000000000000000000000000000000000000	e Namaer	
	(This does not mean the made of		Jose Coword	coomoje	
	heart foilure, asthenia, etc. It means injury as complication which couses	d deoth.)	Walson O a a	-	
	ANTECEDENT CAUSE	s & & (B) (VI	Olonda on	OXCh	······································
	DISEASES OR CONDITIONS, if	ony, givillar 35 DUE TO	ab a ladle	of a last	142
	rise to the above cause (A)		Mound that were	men ald	
	ONDERLING CONDITION 1881.	SINGE ONOR	John J Well	nescer	
Z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING MMEL (notion of more	011	
ATION	TO THE DEATH BUT NOT REL	ATED TO THE	PER TRUSTON	200	
	19A. DATE OF OPERATION 198. COL	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
=	10/3/67 ANESTHESIA	MANH ANTERY STENDS	e Yes	IN CERTIFYING CAUS	ES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		or about 21 C. WHERE DID	(If in Battimore C	city, give exact tocohon)
	DEATH (notify medical examiner)	etc. SINAI 1705pi	TM SINI	MI HOSH	Al al RANTO,
5	21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	PLOURN FIRM II A. TIL
> I	(APPROX.) 10/3/67 N	OON - ! While At Not While At Work	O DUMANUT A	LESTHESIA II	
	22. I certify that (1) (this hospite			67100	~ 3/ 1967,
	that ((1) (we) lost saw the deceas		A		on death accurred an the date
				In (my) (dor) dpinie	on death accorred on the date
	23A SIGNATURE	oted abave. (1) (We) (did) (did nat) v	new the bady after death.	12	3B. DATE ISIGNED
		M.D. Atte	ending Med. S	loff 🔃	17/2/1)
-	23C. PHYSICIAN'S	Phy	s. Director Pl	hy s.	19/2/07
	NAME (Type)	. =	23D. ADDRESS	HEMAN	Ad
2/1	4. F. WO	(- M.D.	GO JUVIE	1100	1 50
-	REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE			town, or county) (State)
	urial 10/7/6	67 Gardens of Faith		l to., Md.	
25A.	DATE REC'D BY HEALTH DEPT.	258. MM OF REGISTRAR	25C. FUNERAL DIRECTOR	onel Leme	ADDRESS
	TET 9 1967 OF G	ال المسمد الم	Schimunek Fun	eral Home on Street /	45
VS 1	50-REV. 1/1/65/	CP 3		7 01.000	

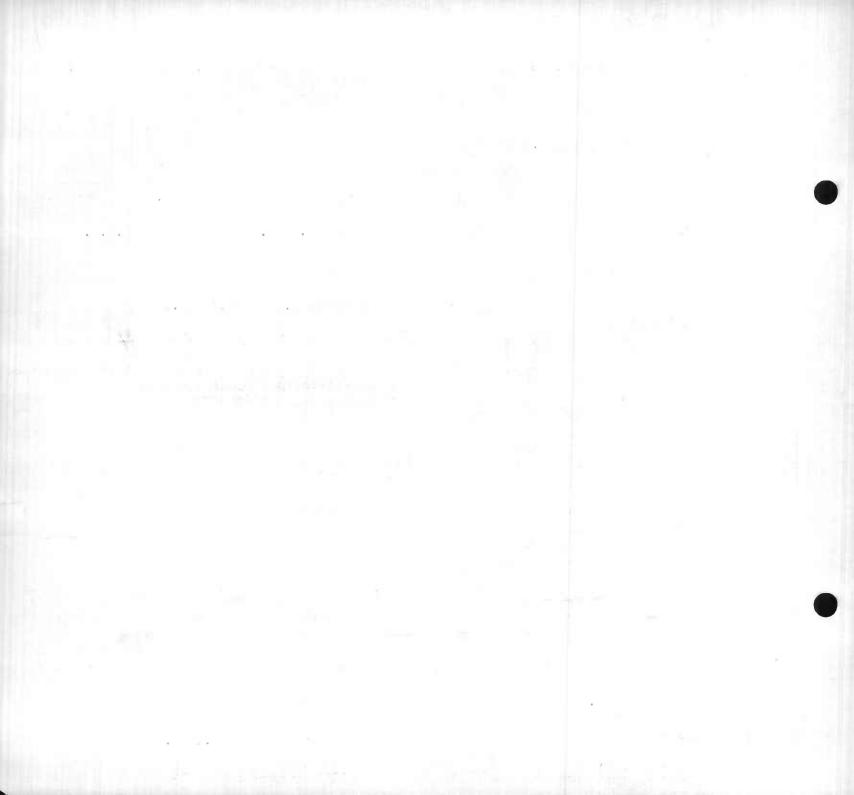


W-630		Y HEALTH DEPARTMENT	67 9597
BIRTH NO. 67	9597 CERTIFICA	TE OF DEATH Registered No.	01 3331
M.E. CASE NO. 1. NAME OF DECEASED	- Continue	2. DATE AND HOUR OF DEATH	
(Type or Print) FLORA ELSIE	WARD		3171
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		OCTOBER 4,15	titution: residence before admission)
		A. STATE B. COUNTY	~
FULL NAME OF (If not in hospital or inst	itution, give street	MD. BALTIMORE	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
UNIVERSITY OF MA	CHAIVS	BALTIMORE	33-00
UNIVERSITY OF THE	INV ENWE	D. STREET ADDRESS (If rural, give location)	- 212 20
38		320 WESTSHIRE R	D 21227
5. SEX 6. RACE 7. M.	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FW	MARRIED	11-18-96 70	
10A, USUAL OCCUPATION (Give kind of work 108, Ki	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
I A I AI I UI	ntmoon Coat Co	MARK! A.C.	WHAT COUNTRY?
HOUSEWIFE THE		MANYFAND	USA
		14. MOTHER'S MAIDEN NAME	
SEVERN J. M	WIR	NORA BARRET	T
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown)(If yes, give war or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	216-09-9836A	PATIENT	
1B. / 2 0 × 1		DF DEATH	INTERVAL BETWEEN
		DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLE LEADING TO DEATH		ALLIAND OF BIGHT BREAK	= VEASE
(This does not meon the made of dying	e.g., DUE TO	CINOMA OF RIGHT BREAS	T YEARS
heart failure, osthenio, etc. It meons the d	isease,		
injury or complication which coused death	., IAIT	ESTINAL OBSTRUCTION	ON 5 DAYS
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any,		WKNOWW ORIGIN	
rise to the obove cause (A) statin	g the (C)	611/01/0	
11			
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION WAS PERFORMS CECOSTON		. IN CERTIFYING CAL	JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore	City, give exact facation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?	
0			
21D. TIME (Month) (Doy) (Year) (How		21F. HOW DID INJURY OCCUR?	
< (APPROX)	While At At Work		
22. I certify that (1) (this haspital) atte	nded the deceased from	October 2 1967 to O	clober 4, 1967
		4 19 67 and that in (my) (our popin	itan death accurred an the dat
and havr and fram the causes stated at	pave. (1) (Wa) (did) (did nat)	view the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
Charles S. Har	reson M.D. All	dending Med. Staff ys. Director Phys.	Oct. 4, 1967
23 C. PHYSICIAN'S		23D. ADDRESS	1
NAME (Type)	M.D.	UNIVERSITY OF MD	. HOSPITAL
24A. BURIAL CREMATION, 24B, DATE	24C. NAME of CEMETERY or CR		
REMOVAL (Specify)			y, town, or county) (Stote)
Burial 10/9/67	Loudon Park Ce	sine tery Bartrinore,	rid.
25A. DATE REC'D BY HEALTH DEPT. 25B.	ME TO VICENTIA	Schimunek Funeral Ho	ADDRESS
1961 (12 Sul	C / MONDON	3331 Brehms Lane	Jine, Inc.
VS 150+REV. 1/1/65			

SEVERAL D. MUTE. Make Balanta

	death death based n the Such
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	in a tage cause; attended or to
	ibutin ined c ular c od pri
	control contro
	if dea ect or 4) Und was i the d
TANT	he dir kind; (death te on nal dis
POR	o, if the any hanced condand
Z: 1M	ture of ronound at attempt at attempt at attempt at a att
FUNERAL DIRECTOR: IMPORTANT	A frac A frac A ho p regule
DIRE	ical ex ral ex 15; (3) ician as in ains a
ERAL	medi medi ly burn physician w
FUN	by a 2) Bod re the physic fore the
	d by the spital ture; (t whe 6) No
	prove the hand na excep and (
	be apsed to int of control pital (eath);
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
	y was (1) An 3.A. at ad prio
	his cer ne bod nows: as D.C ecease
	E = 2 3 0 3

NAME OF OF		9598 CERTIFIC	2. DATE AND HOUR OF GEAT	н
Type or Print)	_	(D		
PLACE OF D	FRANCES P.	lay Druery	October 1, 19	67 1 1:45 a M
. PEACE OF D	EATH IN BACIIMORE, MA	an LAND	A, STATE B. COUNTY	mismonon. residence before odmission)
FULL NAME		or institution, give street	Maryland	
HOSPITAL OF	R oddress or locotion	n)	C. CITY OR TOWN (If outside city limits, will	e RURAL ond give lownship)
			Baltimore	-6-03
00	3033 Shannon I	rive #13	O. STREET ADDRESS (If rurol, give location)	
00	<i></i>		3033 Shannon Drive #	13
. SEX	6. RACE	7, MARRIED, NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years	If Under 1 Yr. II Under 24 Hrs.
fomolo	z zh å t o	WIDOWED, OIVORCED (specify)	5/26/8li lost birthdoy?	Months Doys Hours Min.
female	CUPATION (Give kind of work	Widowed 108. KINO OF BUSINESS OR INDUST		12. CITIZEN OF
	ol working life, even il retired)		A state of the sta	WHAT COUNTRY?
none		none	Balto., Md.	U.S.A.
FATHER'S N	AME		14. MOTHER'S MAIDEN NAME	
To a contact	77.4 - 7		D 1 777	
	Edelmann	rces? 16. SOCIAL	Barbara Zellers	ADDRESS
es, no or unknov	wn) (II yes, give wor or dole	es of service) SECURITY NO,	W. INFORMANT	ADDRE33
no		none	Elsie A. Druery, dght.	above
18. 4	0.11	CAUSE	OF DEATH	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	PECTLY &	B. Can Ding	ONSET AND DEATH
D132.	LEADING TO DEATH	6 6	Tionary curry of while	weeks
(This daes	nal mean the made of	dying, e.g., DUE TO	ronary artey Disea Leur Clevotic Cardio Vas	
	e, asthenia, etc. It means amplication which caused	the disease,	1:20 1: 12 1:10	a everal year
injury or co		Cer	renorcemente Cardio Vasi	cular
100	ANTECEDENT CAUSES	OUE TO	t) harme	••••••••••••••••••••••••
	OR CONDITIONS, if			
	the above cause (A) NG CONDITION last.	slaling the (C)		
ONDEREIN				
2				
Z TO THE	DEATH BUT NOT RELA	ATED TO THE	YLL	
	R CONDITION CAUSING			
19A. OATE	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF OEATH?
			200	
OP CONTRI	DENT WAS UNCERLYING DENT WAS UNCERLYING DENT	21 B. PLACE OF INJURY (e.	g., in or about 21C. WHERE DID (If in Boltim, office bldg., INJURY OCCUR?	ore City, give exact location)
DEATH (not	ify medical examiner	etc.)		
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OI HITTORI		While AI Not V		
(APPROX.)		Work At W	ork L	
22. I certi	fy that (I) (chiants a prior	t) attended the deceased fram	9/25 196/ to 1	0/4 1967
that (1) (lost saw the decease	ed alive on $10/3$	19.6.7 and that in (my) (our) a	pinion death accurred on the da
		· ·		printer december on the do
		ted abave. (I) (Min) (did not	t) view the body after death.	
23A. SIGNA	TURE // /)			23B. DATE SIGNED
0	m. Chil a	mull Z. M.O.	Attending Med. Stoll Phys.	10/4/6/
23C. PHYSIC			23 O. AOORESS	111
NAME		am Kammer M	.o. 6011 York Road	
11 0115111				
REMOVAL	REMATION, 24B. DATE (Specify)	24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial	10/6/6	7 Holy Redeeme	er Cemetery Balto., Md	
	D BY HEALTH DEPT.	258. NAME OF PEGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
		& E. Farlow MA	Schimunek Funeral Home	
APT (1 1000 / /13 //			
/S 150-REV. 1/		D. 5' VIOOO'.	3331 Brohms Lane #13	



IMPORTANT

DIRECTOR:

FUNERAL

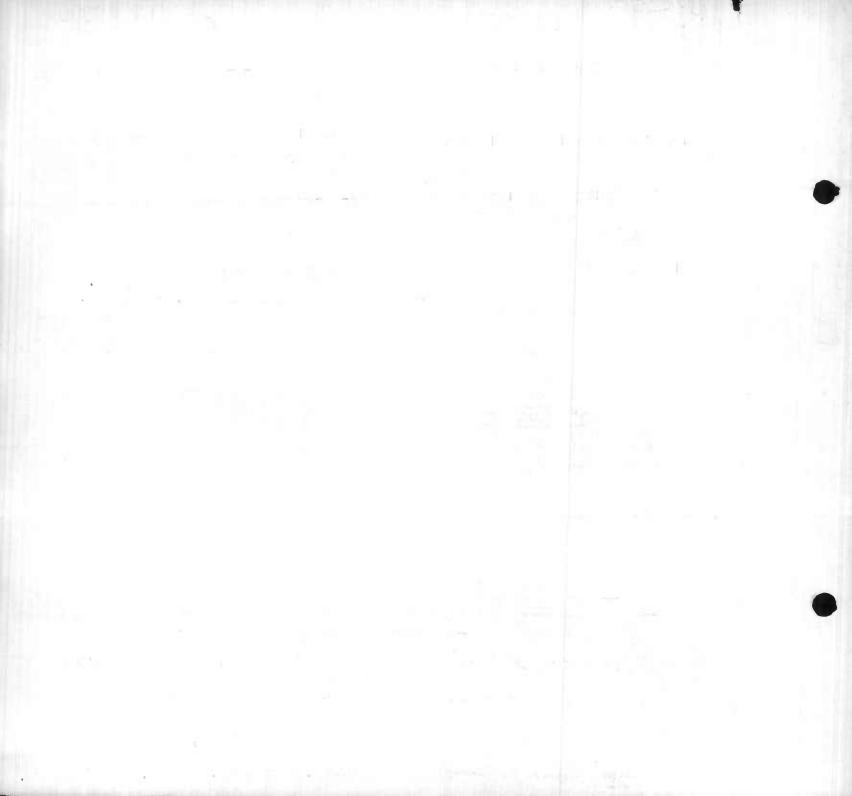
VS 150-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

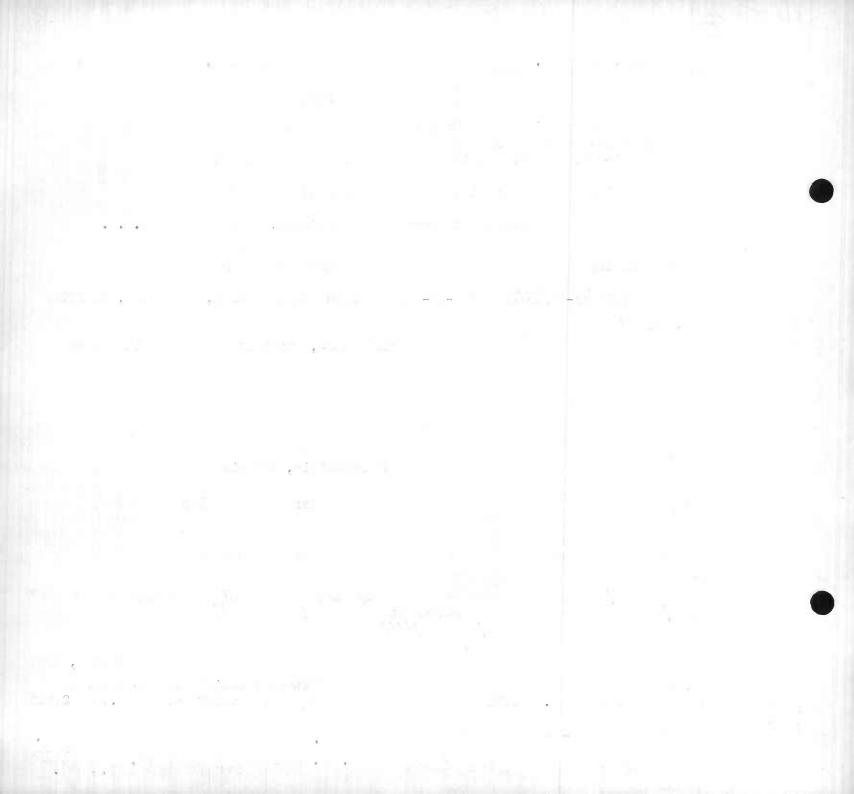
NAME OF DE		9600 CERTIFICA		
Type or Print)	CEASED		2. DATE AND HOUR OF DEATH	
	ROSE ANN C	ROCKEN	10-8-67	6:20 AM M
. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived, If it A. STATE B. COUNTY	institution: residence before odmission)
FULL NAME		or institution, give street	MARYLAND HARFORD	-0
HOSPITAL OR	oddress or location	n)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
THE			BEL AIR	62.32
IHE J	OHNS HOPKINS	HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)	
20			19 NORTH KELLY AMENUE	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years 8 lost birthday)	H Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
FEMAILE	WHITE	WIDOW	12-24-85 82	
		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
//	working life, even if retired)	34.4	Pranus	USA
3. FATHER'S NA	newite ME		14. MOTHER'S MAIDEN NAME	UJA
	EL DROFA		BARBARA KARASEK	4. 4.1
5. Was Decease Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote		17. INFORMANT DE	clair, Mooress
No		275-07-4351L	c Charles Crucken 19 N.	Kelly Ave.,
18. /	171	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIE	PECTLY		ONSET AND DEATH
	LEADING TO DEATH	in Gu	le Sprend Carrinome	The WITTING 12/65 7K
	not meon the mode of	dying, e.g., DUE TO		The state of the s
	, osthenio, etc. II meons mplication which coused		0	
	ANTECEDENT CAUSES	(8)		
DISEASES	ANTECEDENT CAUSES	DUE TO		
	OR CONDITIONS, if ne obove couse (A)	ony, giving		
rise to 1	OR CONDITIONS, if	ony, giving		
rise lo 11 UNDERLYIN	OR CONDITIONS, if ne obove couse (A)	ony, giving		
rise lo 11 UNDERLYIN	OR CONDITIONS, if ne obove couse (A) G CONDITION lost.	ony, giving sololing the (C)		
UNDERLYIN OTHER SIGN TO THE I	OR CONDITIONS, if the obove couse (A) G CONDITION lost.	ony, giving stoling lhe (C) CONTRIBUTING ATED TO THE		
UNDERLYIN OTHER SIGN TO THE I	OR CONDITIONS, if ne obove couse (A) G CONDITION lost. II HIFICANT CONDITIONS CONDITION CAUSING I CONDITION CAUSING I F OPERATION 198. CON	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION	20 A. AUEOBSY? Yes or No) 20 B. IF YES. WERE	FINDINGS CONSIDERED
V OTHER SIGN TO THE I	OR CONDITIONS, if ne obove couse (A) G CONDITION (ost.	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION	20 A. AUEOBSY? Yes or No) 20 B. IF YES. WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE I DISEASE OF 19A. DATE OF 19A. A CCIDIO OR CONTRIBUTION OF C	OR CONDITIONS, if ne obove couse (A) G CONDITION (ost. INFICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 178. CON WAS PERI	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY e.g., in	20 A. AUROBSY? IYes or No. 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE I DISEASE OF I I A. ACCIDIO OR CONTRIBUTION OR CONTRIBUTION OF I I I I I I I I I I I I I I I I I I	OR CONDITIONS, if ne obove couse (A) G CONDITION lost. II HIFICANT CONDITIONS CO DEATH BUT NOT RELA IC CONDITION CAUSING I F OPERATION 198. CON WAS PERI UTING CAUSE OF	ONTRIBUTING ATED TO THE LT. IDITION FOR WHICH OPERATION FORMED	20 A. AUROBSY? IYes or No. 20 B. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
OTHER SIGN TO THE ID DISEASE OF TOA. DATE OF	OR CONDITIONS, if ne obove couse (A) G CONDITION lost. II HIFICANT CONDITIONS CO DEATH BUT NOT RELA IC CONDITION CAUSING I F OPERATION 198. CON WAS PERI UTING CAUSE OF	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY Ic.g., in home, form, foctory, street, of etc.)	20 A. AUROBSY? IYes or No. 20 B. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
OTHER SIGN TO THE ID DISEASE OF 19A. DATE OF	OR CONDITIONS, if the obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING ATED TO THE IT. 21B. PLACE OF INJURY Ic.g., in home, fortm, foctory, street, of etc.) IHour) 21E. INJURY OCCURRED While A1 Not White	20A. AUCOPSY? IYes or No. 20B. IF YES, WERE IN CERTIFYING C. IN CERTIFYING C. III in Baltimo linjury occur?	AUSES OF DEATH?
NOTHER SIGN TO THE SIGN TO THE SIGN TO THE DISEASE OF 19A. DATE OF 21A. ACCIDION OR CONTRIBUTION OR CONTRIBUTION OF CONTRIBUTI	OR CONDITIONS, if the obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING ATED TO THE LT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY Ic.g., in home, form, foctory, street, of etc.) 1Hour) 21E. INJURY OCCURRED	20A. AUCOSY? IYes or No. 20B. IF YES, WERE IN CERTIFYING CO. 1 or about 21C, WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	re City, give exact location)
OTHER SIGN TO THE TO TH	OR CONDITIONS, if ne obove couse (A) G CONDITION lost. II HIFICANT CONDITIONS CO DEATH BUT NOT RELA IC CONDITION CAUSING I F OPERATION 198. CON WAS PERI WAS UNDERLYING UTING CAUSE OF y medicol exominer) Month Doy Yeor)	ONTRIBUTING ATED TO THE IT. 21B. PLACE OF INJURY le.g., ir home, form, foctory, street, of etc.) 1Hour) 21E. INJURY OCCURRED While A1 Not Whith Work 1) attended the deceased from	20 A. AUTOPSY? IYes or No. 20 B. IF YES, WERE IN CERTIFYING C. IN CERTIFYING C. IN CERTIFYING C. IN CERTIFYING C. IN JURY OCCUR?	re City, give exact location)
OTHER SIGN TO THE TOTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 22. 1 certif	OR CONDITIONS, if ne obove couse (A) G CONDITION lost. II HIFICANT CONDITIONS CO DEATH BUT NOT RELA IC CONDITION CAUSING I F OPERATION 198. CON WAS PERI WAS UNDERLYING UTING CAUSE OF y medicol exominer) Month Doy Yeor)	ONTRIBUTING ATED TO THE LIT. 21B. PLACE OF INJURY I.e.g., in home, form, foctory, street of etc.) 1Hour) 21E. INJURY OCCURRED While At Not Whith Work At Work At Work	20 A. AUROBSY? IYes or No.) 20 B. IF YES, WERE IN CERTIFYING C. n or about 21 C. WHERE DID III in Baltimo ffice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	AUSES OF DEATH? The City, give exact location)
OTHER SIGN TO THE DISEASE OF 19A. ACCIDION CONTRIBUTION OF INJURY (APPROX.) 21.1 certifithat (1) (***)	OR CONDITIONS, if the obove couse (A) G CONDITION lost. II IIIFICANT CONDITIONS CONDITIONS CONDITION CAUSING I F OPERATION 198. CON WAS PERION WAS PERION 198. CONDITION CAUSING I TO PERATION 198. CON WAS PERION WAS UNDERLYING CAUSE OF y medical examiner) IMONTH 1Doy) 1Year) That (H) (this hospital conditions are the decease of the conditions are the	ONTRIBUTING ATED TO THE LT. DITTON FOR WHICH OPERATION FORMED	20A. AUROBSY? IYes or No. 20B. IF YES, WERE IN CERTIFYING C. IN JURY OCCUR? 21F. HOW DID INJURY OCCUR?	AUSES OF DEATH? The City, give exact location)
OTHER SIGN TO THE IDESEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 22. 1 certifithat (1) (we and haur and hau	OR CONDITIONS, if the obove couse (A) G CONDITION lost. II IIIFICANT CONDITIONS CONDITIONS CONDITION CAUSING I F OPERATION 198. CONWAS PERION WAS PERION WAS UNDERLYING CAUSE OF y medical exominer) IMonth) [Day] [Year] That the causes standard the causes standard causes causes caused caused causes caused causes caused causes caused causes caused causes caused causes caused caused causes caused caus	ONTRIBUTING ATED TO THE IT. 21B. PLACE OF INJURY le.g., ir home, form, foctory, street, of etc.) 1Hour) 21E. INJURY OCCURRED While A1 Not Whith Work 1) attended the deceased from	20A. AUROBSY? IYes or No. 20B. IF YES, WERE IN CERTIFYING C. IN JURY OCCUR? 21F. HOW DID INJURY OCCUR?	re City, give exact location) Solution 1967
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DEATH Incide The D	OR CONDITIONS, if the obove couse (A) G CONDITION lost. II IIIFICANT CONDITIONS CONDITIONS CONDITION CAUSING I F OPERATION 198. CONWAS PERION WAS PERION WAS UNDERLYING CAUSE OF y medical exominer) IMonth) [Day] [Year] That the causes standard the causes standard causes causes caused caused causes caused causes caused causes caused causes caused causes caused causes caused caused causes caused caus	CONTRIBUTING STED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY Ic.g., in home, fortory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not Whith Work At Work At Work and alive an At Work (I) (We) (did) (did not) v	20A. AUCOPSY? IYes or No. 20B. IF YES, WERE IN CERTIFYING C. IN CERTIFYING C. III in Baltimo fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 ta 70 and that in(my) (our) applies the bady after death.	AUSES OF DEATH? The City, give exact location)
OTHER SIGN TO THE TO TH	OR CONDITIONS, if the obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY I.e.g., in home, form, foctory, street of etc.) IHour) 21E. INJURY OCCURRED While At Not Whith Mork Work Work At Work	20 A. AUTOBSY? IYES OF No. 20 B. IF YES, WERE IN CERTIFYING C. n or about 21 C. WHERE DID III in Baltimo fice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 7 to 7 19 7 and that in (my) (our) apriew the bady after death.	re City, give exact location) Solution 1967
OTHER SIGN TO THE IDESEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 22. 1 certifithat (1) (we and haur and hau	OR CONDITIONS, if the obove couse (A) G CONDITION lost. II HIFICANT CONDITIONS CONDITIONS CONDITION CAUSING FOPERATION 198. CONDITION CAUSING WAS PERI ENT WAS UNDERLYING UNING CAUSE OF y medicol exominer) I Month) IDoy) IYeor) I that (I) (this. hospital) last saw the decease of the form the causes state with the cause state with the causes state with the cause state with the causes state with the cause state with th	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY I.e.g., in home, form, foctory, street of etc.) IHour) 21E. INJURY OCCURRED While At Not Whith At Work I) attended the deceased from ted abave. (I) (We) (did) (did not) very place of the phy.	20 A. AUCOBSY? IYES OF No. 20 B. IF YES, WERE IN CERTIFYING C. n or about 21 C. WHERE DID III in Baltimo ffice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 7 ta 70 19 7 and that in (my) (our) apoiew the bady after death.	re City, give exact location) Solution 1967
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 21 L certifithat (1) (we and haur or 23A. SIGNAT) 22. PHYSICI	OR CONDITIONS, if the obove couse (A) G CONDITION lost. II HIFICANT CONDITIONS CONDITIONS CONDITION CAUSING FOPERATION 198. CONDITION CAUSING WAS PERI ENT WAS UNDERLYING UNING CAUSE OF y medicol exominer) I Month) IDoy) IYeor) I that (I) (this. hospital) last saw the decease of the form the causes state with the cause state with the causes state with the cause state with the causes state with the cause state with th	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY I.e.g., in home, form, foctory, street of etc.) IHour) 21E. INJURY OCCURRED While At Not Whith At Work I) attended the deceased from ted abave. (I) (We) (did) (did not) very place of the phy.	20 A. AUTOBSY? IYES OF No. 20 B. IF YES, WERE IN CERTIFYING C. n or about 21 C. WHERE DID III in Baltimo fice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 7 to 7 19 7 and that in (my) (our) apriew the bady after death.	re City, give exact location) Solution 1967
NOTHER SIGN TO THE TO T	OR CONDITIONS, if ne obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY I.e.g., in home, form, foctory, street of etc.) IHour) 21E. INJURY OCCURRED While At Not Whith At Work I) attended the deceased from ted abave. (I) (We) (did) (did not) very place of the phy.	20A. AUTOPSY? IYES OF NO. 20B. IF YES, WERE IN CERTIFYING C. IN CERTIFYING	re City, give exact location) Solution 1967
NOTHER SIGN TO THE IDENTIFY OF THE IDENTIFY OF THE IDENTIFY OF THE IDENTIFY (APPROX.) 21. I certify that (I) (we and haur are 23A. SIGNATE IN AME IN	OR CONDITIONS, if ne obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY I.e.g., in home, form, foctory, street, of etc.) IHour) 21E. INJURY OCCURRED While At Not Whith At Work I) attended the deceased from etcl of the deceased from ted above. (I) (We) (did) (did not) v M.D. Attended 24C. NAME of CEMETERY of CRE	20A. AUROBSY? IYES OF No. 20B. IF YES, WERE IN CERTIFYING C. n or about 21C. WHERE DID III in Baltimo ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 ta 70 19 7 and that in(my) (our) apriew the bady after death. 22D. ADDRESS JOHNS HOPICIES HOSE MATORY 24D. LOCATION 10	AUSES OF DEATH? THE City, give exact location) 1967 Initian death accurred an the data 23B, DATE SIGNED
NOTHER SIGN TO THE TO T	OR CONDITIONS, if the obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING ATED TO THE LIT. CONTRIBUTING LITED L	20 A. AUROPSY? IYES OF NO. 20 B. IF YES, WERE IN CERTIFYING C. n or about 21 C. WHERE DID III in Baltimo ffice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 7 ta // 19 7 and that in (my) (our) apriew the bady after death. 21 J. ADDRESS SHANS HOPICIAS HOSE EMATORY 24D. LOCATION ICC.	auses of DEATH? The City, give exact location) 1967 23B. DATE SIGNED 23B. DATE SIGNED City, town, or county) 1State)
NOTHER SIGN TO THE TO T	OR CONDITIONS, if ne obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY I.e.g., in home, form, foctory, street, of etc.) IHour) 21E. INJURY OCCURRED While At Not Whith At Work I) attended the deceased from etcl of the deceased from ted above. (I) (We) (did) (did not) v M.D. Attended 24C. NAME of CEMETERY of CRE	20A. AUROBSY? IYES OF No. 20B. IF YES, WERE IN CERTIFYING C. n or about 21C. WHERE DID III in Baltimo ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 ta 70 19 7 and that in(my) (our) apriew the bady after death. 22D. ADDRESS JOHNS HOPICIES HOSE MATORY 24D. LOCATION 10	AUSES OF DEATH? THE City, give exact location) 1967 Initial death accurred an the date 23B. DATE SIGNED 1967



A SPACE OF DEATH IN BATHANDRE MARTLAND OUT NAME OF THE first in Bashed or Institution, give sided HOSPITAL DR 622 Woodbourne Ave. 63. SAKE 6. RACE 7. MARRIED, NEVER MARRIED WHOWED, DIVORCED (specify) Widowed, DIVORCED (specify) Widowed, DIVORCED (specify) Retired -Koppers Piston Ring Co. 13. Fathers Name Charles J. O'Brien 15. Was Deceased Ever in U. S. Amad Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. 19. ADDRE 10. STRET ADDRESS (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE 19. ADDRE IN yers Windowed 10. ADTE OF BIRTH/O 10. ADTE (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE (If rurol, give lacotion) 622 Woodbourne Ave. 6. BACE (If rurol, give lacotion) 622 Woodbourne Ave. 8. CAUSE OF BIRTH/O 8. ADTE (In surol, give lacotion) 622 Woodbourne Ave. 8. CAUSE OF BIRTH/O 9. ADE (In year) 9. ADE	3501
PLACE OF DEATH IN BALTIMORE, MARYLAND CONTROL OF THE PROPERTY OF THE FORM TO STANDWING, BY SHEET OF THE PROPERTY OF THE FORM TO STANDWING, BY SHEET OF THE PROPERTY OF THE PR	200
5. SEX 6. RACE Widowed, Divorced (specify) Retired-Koppers Piston Ring Co. Baltimore, Md. U.S.A 13. Fathers Name Charles J. O'Brien 15. Was Deceased Ever in U. S. Amad Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heard follow, shenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to lithe obave cause (A) stoling lithe UNDERLYING CONDITION SCONTRIBUTING TO THE PEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CAUSING II. 20 THER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. 20 THER SIGNIFICANT CONDITION CAUSING II. 21 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. 21 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. 21 DISEASE OR CONDITION CAUSING II. 22 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. 23 CAUSE OF DEATH? 24 DISEASE OR CONDITION CAUSING II. 25 CHER SIGNIFICANT CONDITION CONTRIBUTING WAS PERFORMED WAS PERFORMED WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DEATH SIGNIFICANT CONDITION CAUSING II. 26 CONTRIBUTING CAUSE OF DEATH? 27 DO THE DEATH SUCKNIFICANT CONDITION CAUSING II. 26 CONTRIBUTING CAUSE OF DEATH? 27 DO THE DEATH SUCKNIFICANT CONDITION CAUSE OF DEATH? 28 DEATH (notify medical exemined) 29 DEATH (notify medical exemined) 20 CAUSE OF DEATH? 20 DEATH (notify medical exemined) 20 CAUSE OF DEATH (notify medical exemined) 20 CAUSE OF DEATH? 21 TO THE DEATH SUCKNIFICANT CONDITION CAUSES OF DEATH? 26 DISEASE OR CONDITION CAUSE OF INJURY (e.g., in or obout 21 C. WHERE DID 10 III MEDITARY OF COURT. 11 III MEDITARY OF COURT. 12 TO THE DEATH (notify medical exemined) 12 TO THE DEATH (notify medical exemined)	
S. SEK 6. RACE W W W W W W W W W W W W W	
Retired-Koppers Piston Ring Co. Baltimore, Md. U.S.A 13. FATHER'S NAME Charles J. O'Brien 14. MOTHER'S MAIDEN NAME Carrie C. Atkins 15. Was Deceased Ever in U. S. Armad Farces? (Yes, no or unknown) [If yes, give wor or dales of service) NO 215-03-6442 Mrs.Ruby E. Zimmerman CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart follow, est. I means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE OR CONTRIBUTING CONSIDERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH? DEATH (monthy medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? DEATH (monthy medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (II in Boltimore City, give exact 1 bone, form, foctory, street, office bidge, linjury OCCUR? OF INJURY (COURRED CAUSE)	lours; Min.
Charles J. O'Brien 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) NO 215-03-6442 Mrs. Ruby E. Zimmerman (Sa) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISASE OR CONDITION [98. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDE TO CONTRIBUTING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (III in Boltimore City, give exact 1 of the place) of the contribution of the contrib	
16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT ADDRESS OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH	
SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. NO. SECURITY NO.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heat foilure, ostheria, etc. II meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 21A. THE CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (III in Boltimore City, give exact I home, form, foctory, street, office bldg., INJURY OCCUR? OF INJURY	S
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH ROTHER TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH ROTHER TO THE DEATH BUT NOT RELATED TO THE DEATH ROTHER TO THE DEATH BUT NOT RELATED TO THE DEATH ROTHER TO THE DEATH BUT NOT RELATED TO THE DEATH ROTHER TO THE DEATH R	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. DISPADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF	L 196
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street office bldg., INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	2/96) ERED
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) DEATH (notify medical examiner) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
OF INJURY (Manth) (Doy) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
Work At Work	
22. I certify that (I) (this hespital) attended the deceased from 196 to 196 to that (I) (the last saw the deceased alive an 26 Dept 196 and that in (my) (the application of the courses stated above. (I) (the application of the course stated above. (I) (the application of the	red an the da
23A. BIGNATURE White Country, M.D. Attending Med. Director Phys.	
William H. Kammer, Jr. M.D. 6011 York Road	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 10/12/67 Moreland Mem. Park Parkville. Balto.Co.	(State)
DUFIEL 10/12/67 Moretane Mem. Park Parkville, Balto.Co. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR H.W. Jenkins & Sons Co. 4905 VS 150-REV. 1/1/65 Parkville, Balto.Co. 4905 Balto.1	

Birth Certificate A-63005 for Ceceilia Martha O'Brien born 12-25-1910 10-16-67 M.H.

	E CASE NO.	CEASED		CERTIFICA	01 0		ID HOUR OF DEATH	
Тур	pe or Printal	LEY, Eugene E					ber 5, 1967	11:20 P
3. 1	PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	give street	4. USUAL RESI	B. COUN	re deceased lived. If in	stitution: residence before admission
- 1	HOSPITAL OR INSTITUTION	eterans Admin	istrati	on Hospital	Baltin	nore	tside city limits, write l	RURAL and give township)
0		altimore, Mar			611 W	ranoke		
5. 5		6. RACE	7. MARRIED WIDOWE	, NEVER MARRIED D, DIVORCED (specify) ried	B. DATE OF BIR	тн	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ΙØΆ	USUAL OCC	working life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ME	
	Thomas	Dailey			Edgare	etta Wa	lter	
Ye:	Wos Deceosed s, no or unknown Yes	7/20/43-11/	es of service)	16. SOCIAL SECURITY NO. 217-03-9334	VA Hospi		cords, Balti	imore, Md 21218
	18. 193	9 1		CAUSE O	F DEATH			INTERVAL BETWEEN
		SE OR CONDITION DI LEADING TO DEATH not mean the made at			ocytoma,	grade :	Ш	13 months
	heart foilure, injury ar car	osthenio, etc. It means mplication which caused	the disease, death.)					
	DISEASES (ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.	ony, giving					
ATION	TO THE D	IFICANT CONDITIONS (DEATH BUT NOT REL	ATED TO TH	G Pyle	onephriti	is, chr	onic	
ERTIFICA		POPERATION 198. CON		WHICH OPERATION	20A. AUTOPS		208. IF YES, WERE IN CERTIFIE CA	FINDINGS CONSIDERED USES OF DEATH?
AL CE	21 A. ACCIDE OR CONTRIBI DEATH (notify	NT WAS UNDERLYING [UTING CAUSE OF medicol exominer)	216 hor etc	B. PLACE OF INJURY (e.g., i ne, form, foctory, street, o ,)	fice bldg., INJUR	HERE DID	(If in Boltimore	e City, give exoct locotion)
U	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ille At Not While At Work	e	OW DID INJ	URY OCCUR?	
MEDIC	22. I certify	that () (this hospital	l) ottended t	the deceosed from 1 October 5th	lay 31st	? ond th	ot in finds) (our) opi	ober 5th 19 67
24.2	Thor (I) (we)							
24.2		d from the couses sto	ted obove. (4 , / - / (- , -)				COR DATE CIGNIES
24.2			oted obove. (23B. DATE SIGNED
24.2	ond hour on		eted obove. (ending \(\triangle \trian	Aed.	Stoff Phys.	October 6, 1967
24.2	ond hour on	ANS ON A		M.D. Atte	23D. ADDRESS V	eterans	Administrat	
3W	ond hour on 23A. SIGNATU 23C. PHYSICIA	ANS Type) ERNESTO P.	SMITH 24C.N	M.D. Atte	3900 Lock	Raven	Administrat Boulevard,	October 6, 1967



FUNERAL DIRECTOR: IMPORTANT

1. NA	ME OF DECEASED			2. DATE AN	D HOUR OF DEATH	70
Type	or Print)	John F	. Hoeck	Octob	per 6.1967	nstitution: residence before odrhis
3. PL	ACE OF DEATH IN BA	LTIMORE, MAR	YLAND	4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before odrhis
F11		a to to contact of	the selection of	A. STATE B. COOK	11	
HC	OSPITAL OR odd	ress or location)	r institution, give street	C. CITY OR TOWN (If out	side city limits, write	RURAL and give township
	STITUTION	4		Baltimore	21213	26
^	3515 Elmle	zy Ave.			rural, give location)	
01	\sim	U		3515 Elmle	y Ave.	
5. SEX	X 6. RACE	1	MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
n	nale whi	to	WIDOWED, DIVORCED (specify)	August 22, 1891	lost birthdoy) 76	Monins Days Hours Wi
đà, U	SUAL OCCUPATION		OB, KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF
done o	during most of working life,	0 1		A1 / /		WHAT COUNTRY?
Ke	et. Employe	e-Balt	imore (ity	Maryland 14. MOTHER'S MAIDEN NAM	4.0	USA
	ATHERS MAME		0	14. MOTHER 5 MAIDEN NAM		
	Henry Hoed	ck			Margare	t Burrier
5. W	os Deceated Ever in U. no ar unknawn) (If yes, gi	S. Armed Force	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	20		216090888	Lula Hoeck		same
	8.422.14	101-	1	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CO			1		ONSET AND DEATH
		TO DEATH	(A)	ASCUD		9 hear
	This does not meon heart failure, asthenia,			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		()
1 1		alc II maone	lha disansa			
Ì	injury or complication		death.)	2		
Ť	injury or complication		death.)	92sut	V TOTO T	3 yu
	injury or complication	which coused ENT CAUSES	deoth.)	92mt		3 year
C ri	ANTECEDI DISEASES OR COND rise to the obove	which coused ENT CAUSES PITIONS, if o couse (A)	deoth.)	Gent Vinteter M	restitu	3 year
C ri	ANTECEDION OF COMPLICATION OF	which coused ENT CAUSES DITIONS, if o couse (A) TION lost.	deoth.)	Grant Menteta M	rethetin	3 year
	ANTECEDION OF COMPLICATION OF	which coused ENT CAUSES DITIONS, if o couse (A) TION lost.	(B)	Grant Muleten M	relletin	3 year
NO	ANTECEDION OF COMPLICATION OF	which coused ENT CAUSES PITIONS, if o couse (A) TION lost. II ON DITIONS CO	deoth.) (B) DUE TO ny, giving sloling the (C) DITRIBUTING TED TO THE	Gent Muleter M	resertis	3 year
CATION	ANTECEDION	which coused ENT CAUSES DITIONS, if o couse (A) FION lost. II ONDITIONS CO JT NOT RELAT N CAUSING IT N CAUSING IT	ONTRIBUTING FED TO THE	Dealete M	20B. IF YES, WERE	FINDINGS CONSIDERED
CATION	ANTECEDION	which coused ENT CAUSES PITIONS, if o couse (A) FION lost. II ONDITIONS CC UT NOT RELAIN N CAUSING IT	ONTRIBUTING FED TO THE	Trabeta M	resentin	FINDINGS CONSIDERED
CERTIFICATION	ANTECEDION ANTECNIA ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECNIA ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECNIA ANTE	which coused ENT CAUSES DITIONS, if o couse (A) FION lost. II ON DITIONS COUNTY TO TRELATE ON CAUSING IT ON 198. CONE WAS PERFO	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION DRMED 218, PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
AL CERTIFICATION	ANTECEDION OF COMPLICATION OF COMPLIANCE OF THE OFFICE OF COMPLIANCE OF	which coused ENT CAUSES DITIONS, if o couse (A) ITON lost. II ONDITIONS COUNTY RELATED TO THE R	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION DRMED 218, PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
ICAL CERTIFICATION	ANTECEDION ANTECNION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECNION ANTECEDION AN	which coused ENT CAUSES OITIONS, if o couse (A) FION lost. II ON DITIONS COUNTY NOT RELATION CAUSING IT ON 198. CONE WAS PERFO	ONTRIBUTING FED TO THE 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID office bldg INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
AEDICAL CERTIFICATION	ANTECEDION ANTECNION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECNION ANTECEDION AN	which coused ENT CAUSES OITIONS, if o couse (A) FION lost. II ON DITIONS COUNTY NOT RELATION CAUSING IT ON 198. CONE WAS PERFO	ONTRIBUTING FED TO THE 218. PLACE OF INJURY (e.g., home, fortory, street, etc.) (Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDION OF COMPLICATION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONTRIBUTION C	which coused ENT CAUSES DITIONS, if o couse (A) ITON lost. II ONDITIONS COUNTY NOT RELATED IN CAUSING IT NOT RELATED IN THE COUNTY NOT RELATED IN CAUSING IT NOT RELATED IN THE COUNTY NOT RELATED IN T	ONTRIBUTING TED TO THE DITON FOR WHICH OPERATION AND THE T	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID office bldg INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDION OF COMPLICATION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONTRIBUTION C	which coused ENT CAUSES DITIONS, if o couse (A) ITON lost. II ONDITIONS COUNTY NOT RELATED IN CAUSING IT NOT RELATED IN THE COUNTY NOT RELATED IN CAUSING IT NOT RELATED IN THE COUNTY NOT RELATED IN T	ONTRIBUTING FED TO THE 218. PLACE OF INJURY (e.g., home, fortory, street, etc.) (Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA (If in Baltimor	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exoct locotion)
MEDICAL CERTIFICATION	ANTECEDION OF COMPLICATION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONTRIBUTION C	which coused ENT CAUSES OITIONS, if o couse (A) FION lost. II ON DITIONS COUNTY NOT RELATION CAUSING IT ON 198. CONE WAS PERFO (NDERLYING AUSE OF Aominer) (Day) (Year)	ONTRIBUTING TO THE T	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA (If in Baltimor	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exoct locotion)
MEDICAL CERTIFICATION 50 00 00 00 00 00 00 00 00 00 00 00 00 0	ANTECEDION ANTECNION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECNION ANTECEDION AN	which coused ENT CAUSES PITIONS, if o couse (A) FION lost. II ONDITIONS COUST NOT RELATE NOT RELAT	ONTRIBUTING TO THE T	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY and the	20B. IF YES, WERE IN CERTIFYING CA (If in Baltimor	FINDINGS CONSIDERED USES OF DEATH? TO City, give exoct locotion)
MEDICAL CERTIFICATION THE STATE OF THE STAT	ANTECEDION ANTECNION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECNION ANTECEDION AN	which coused ENT CAUSES PITIONS, if o couse (A) FION lost. II ONDITIONS COUST NOT RELATE NOT RELAT	ONTRIBUTING TO THE 218. PLACE OF INJURY (e.g., home, fortory, street, etc.) While At Not Wh Work At Work Attended the deceased fram I alive an	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY and the	20B. IF YES, WERE IN CERTIFYING CA (If in Baltimor	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location)
MEDICAL CERTIFICATION THE STATE OF THE STAT	ANTECEDION ANTECEDIOR ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDIOR ANTECEDION ANTECNION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECNION ANTECEDION AN	which coused ENT CAUSES PITIONS, if o couse (A) FION lost. II ONDITIONS COUST NOT RELATE NOT RELAT	DNTRIBUTING STORMED 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.) (Hour) 218. INJURY OCCURRED While At Not Wh At Work At tended the deceased fram ad alive an and add above. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No in ar about 21 C. WHERE DID office bldg INJURY OCCUR? 21 F. HOW DID INJURY view the bady after death.	208. IF YES, WERE IN CERTIFYING CA (If in Baltimor) URY OCCUR?	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exoct location) The city of the control of the city of the ci
MEDICAL CERTIFICATION To a constant of the co	ANTECEDION OF COMPLICATION OF THE SIGNIFICANT C TO THE DEATH BLUDISEASE OR CONDITION OF THE DEATH BLUDISEASE OR CONDITION OF A.DATE OF OPERATION OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	which coused ENT CAUSES PITIONS, if o couse (A) FION lost. II ONDITIONS COUST NOT RELATE NOT RELAT	DNTRIBUTING STORMED 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.) (Hour) 218. INJURY OCCURRED While At Not Wh At Work At tended the deceased fram ad alive an and add above. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 2 and the view the bady after death.	208. IF YES, WERE IN CERTIFYING CA (If in Baltimor URY OCCUR?	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exoct location) The city of the control of the city of the ci
MEDICAL CERTIFICATION To a constant of the co	ANTECEDION ANTECEDIOR ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDIOR ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDIOR ANTECEDION ANTECEDIOR ANTECNICA ANTECEDIOR ANTECEDIOR ANTECEDIOR ANTECEDIOR ANTECEDIOR ANTECNICA ANTECEDIOR AN	which coused ENT CAUSES PITIONS, if o couse (A) TION lost. II ONDITIONS COUNTY RELATION CAUSING IT ON 198. CONE WAS PERFORMAN CONE (Doy) (Year) this hospital) the deceased or causes state	DNTRIBUTING STORMED 218. PLACE OF INJURY (e.g., home, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whome At Work At Work At work At alfve an Atlanta and above (II) (We) (did) (did not) A.D. Ai	20A. AUTOPSY? (Yes or No vin or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 22 1 and the view the bady after death. ttending Med. Director	20B. IF YES, WERE IN CERTIFYING CA (If in Baltimor URY OCCUR? 19 4 4a art in (my) (aur) api	FINDINGS CONSIDERED CUSES OF DEATH? The City, give exoct location) 19 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10
MEDICAL CERTIFICATION AEDICAL CERTIFICATION To a control of the	ANTECEDION ANTECEDIOR ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDIOR ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDIOR ANTECEDION ANTECEDIOR ANTECNICA ANTECEDIOR ANTECEDIOR ANTECEDIOR ANTECEDIOR ANTECEDIOR ANTECNICA ANTECEDIOR AN	which coused ENT CAUSES DITIONS, if o couse (A) ITON lost. II ONDITIONS COUT NOT RELATION (Doy) (Year) This hospital) The deceased of causes state L. Beck	ONTRIBUTING (ED TO THE DITION FOR WHICH OPERATION ORMED 218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E, INJURY OCCURRED While At Not Whork attended the deceased from attended the deceased from	20A. AUTOPSY? (Yes or No vin or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY and the view the bady after death. ttending Med. Director 23D. ADDRESS 6012 Har	20B. IF YES, WERE IN CERTIFYING CA (If in Baltimor URY OCCUR? 21 ta at in (my) (aur) api Stoff Phys	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exoct location) 19 1 19 1 19 1 19 1 19 1 19 1 19 1 19
MEDICAL CERTIFICATION 7 7 7 7 7 7 7 7 7 7 7 7 7	ANTECEDION ANTECEDIOR ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDIOR ANTECEDION ANTECEDION ANTECEDION ANTECEDION ANTECEDIOR ANTECEDION ANTECEDIOR ANTECNICA ANTECEDIOR ANTECEDIOR ANTECEDIOR ANTECEDIOR ANTECEDIOR ANTECNICA ANTECEDIOR AN	which coused ENT CAUSES PITIONS, if o couse (A) FION lost. II ONDITIONS COUST (A) III ON T RELATION CAUSING III ON 198. CONE WAS PERFO (Day) (Year) This hospital) The deceased occurs state E. Beck 248. DATE	ONTRIBUTING TED TO THE DITON FOR WHICH OPERATION ORMED 21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Whork attended the deceased from attended the deceased from M.D. At M	20A. AUTOPSY? (Yes or No vin or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY and the view the bady after death. ttending Med. Director 23D. ADDRESS 6012 Har	20B. IF YES, WERE IN CERTIFYING CA (If in Baltimor URY OCCUR? 21 ta at in (my) (aur) api Stoff Phys	FINDINGS CONSIDERED CUSES OF DEATH? The City, give exoct location) 19 inian death accurred an the current cut of the cu
MEDICAL CERTIFICATION 7 7 7 7 7 7 7 7 7 7 7 7 7	ANTECEDION OF AN	which coused ENT CAUSES DITIONS, if o couse (A) ITON lost. II ONDITIONS COUT NOT RELATION (Doy) (Year) This hospital) The deceased of causes state L. Beck	ONTRIBUTING TED TO THE DITON FOR WHICH OPERATION ORMED 21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Whork attended the deceased from attended the deceased from M.D. At M	20A. AUTOPSY? (Yes or No vin or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY and the view the bady after death. ttending Med. Director 23D. ADDRESS 6012 Har	20B. IF YES, WERE IN CERTIFYING CA (If in Baltimor URY OCCUR? 19 2 ta	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exoct location) The City, give exoct location) The City, give exoct location at the light
MEDICAL CERTIFICATION To a constant of the co	ANTECEDION OF AN	which coused ENT CAUSES DITIONS, if o couse (A) FION lost. II ONDITIONS COUT NOT RELATING WAS PERFORMATELYING TO AUSE OF Arminer) The deceased a causes state 10/9/67	ONTRIBUTING TED TO THE DITON FOR WHICH OPERATION ORMED 21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Whork attended the deceased from attended the deceased from M.D. At M	20A. AUTOPSY? (Yes or No In ar about 21 C. WHERE DID office bldg INJURY OCCUR? 21 F. HOW DID INJURY 19 2 and the view the bady after death. ttending Med. Director 23D. ADDRESS 6012 Har REMATORY 24D. La 25C. FUNERAL DIRECTOR	208. IF YES, WERE IN CERTIFYING CA (If in Baltimor URY OCCUR? 29 2 ta	FINDINGS CONSIDERED LUSES OF DEATH? THE City, give exect location) 19 inian death accurred an the least signed line in

THE DOLL OUR DOLLAR Comment Transplem

5	use of death (5) Deceased fance on the fance on the fance on the fance death. Such
•	death occurred in a or contributing ca Indetermined cause is in regular attendeceased prior to sition is made.
IMPORTANT	or his assistant if calso, if the directre of any kind; (4) Unounced death we attendance on the Imed or final dispos
FUNERAL DIRECTOR: IMPORTANT	medical examiner. burns; (3) A fractui hysician who proin was in regular remains are embal
FUNER	roved by the chief ne hospital by a my nature; (2) Body xcept where the pind (6) No physicial btained before the
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRT	H NO.	67	9604		TE OF DEATH	Registered Na	67 9604		
1. N	CASE NO. AME OF DECE or Print)	Mary	C.	Schisse		and Hour of Death	7 3:30 A		
F	ULL NAME OF	TH IN BALTIMORE MA	or institution, g		C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE 21236 D. STREET ADDRESS (If rurol, give location) 210 MARION AVE				
5. S	EX	6. RACE WHITE	WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH 87	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
done	during most of w	orking life, even if retired) wife	Mari 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or le	7	12. CITIZEN OF WHAT COUNTRY?		
3. 1	So sep	h Bene	sh		14. MOTHERS MAIDEN N	KLIMA			
5. Yes	Vas Deceased , no or unknown)	Ever in U. S. Armed For (If yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO. None	Mr. Charles J.	Schissler	(Sama)		
	(This does not heart failure, coinjury or camp A DISEASES Of rise to the	OR CONDITION DIR LEADING TO DEATH I mean the made al Isthenio, etc, II means dication which caused NTECEDENT CAUSES R CONDITIONS, il above cause (A) CONDITION last.	dying, e.g., the disease, death.)	(B) Arte DUE TO	in wall mycear vio scleveti de	dul infarction art Assesse	onset and death 2 days gears		
ATION	TO THE DE	IL ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I	TED TO THE	Diabel	es Wellitus		15 yrs;		
ERTIF	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner		e, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)		
	OF INJURY			E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? //hile At					
	22. I certify that (I) (this hospital) attended the deceased fram Sept, 20 19 67 to Oel; 7 19 67 that (I) (we) last saw the deceased alive an Sept 6 19 67 and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.								
- 1	23A. SIGNATUR	E	BRAN		ending Med.	Stoff Phys.	0et 7, 1969		
	PHYSICIAN NAME (Ty	ESAR A.	BRAU	10 M.D.	Bou d	Recour Ho.	p.		
	BURIAL CREM REMOVAL (Sp Burial	ecify)		ME of CEMETERY OF CRI		Baltimore	y, town, or county) (Stote) Md. ADDRESS		
	1	OCT 9 1967	Robert	2, Farbura	Leonard J. Ri	uck, Inc. Balto			
S	150-REV. 1/1/6	5			5 19	5.4			

-CSLT

Def-rens

Ness Mr. Cherles J. Schinelar

2 July 2 2 2

Apply Apply and the transfer of the second o

VS 150-REV, 1/1/65

down Homeon Frage 370 7 1 mple Perco 3/36/21 46 VREPAIRMAN SEATS Maryland 1.8 Lana Murphy Forman Garrison Mrs Eliza I Commen of company of the same The state of T/1 72 1/1

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



9607

VS 151-REV. 1/1/65

67 9607 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E	CASE NO.										
1. NAME OF DECEASED (Type or Print)						2. D	ATE AN	HOUR PRONOUNC	ED DEAD		
. ,,		JO	HN J.	SCHARMA	W	C	ctob	er 8, 1967		11:40	ам.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE A. STATE	(Where	deceosed lived, If inst	itution: resid	lence before oc	lmission)	
FLII	I NAME OF	UE NOT I	N HOSPITA	AL OR INSTIT	ITION CIVE STREET	Maryla	ind				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION				C. CITY OR TOWN	If outsid	e corporote limits, write	RURAL on	nd give townshi	ip)		
1143						Balti	more			26	- 0
1	5907	Kavon A	Λ170	D O A		D. STREET ADDRESS					
0	3,07	Kavon 2	nvc.	D.O.A.		5907 Kay	ron A	VO.			
5. S	EX	6. RACE		7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	<u> </u>	9. AGE (In years		1 Yr. If Under	
				-	DIVORCED (specify)	Now 31, 38	03	lost birthdoy)	Months	Doys Hours	Min.
	lale	White	kind of work		E BUSINESS OR INDUSTR	Nov. 14, 18	or foreign	75	12. CITIZE	N OF	
	Retire			14110			_	,,	WHA	T COUNTRY?	
	ATHER'S NAM		s car			Mary			U	SA	
13.1	ATTIERS HAM		Scha	rman		4. MOTHER'S MAIDE	N NAMI	Unknown			
	VAS DECEASEI				16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
(162	Yes		VW1	s of selvice	215-56-4679	Mrs. Charle	s Sc	harman		(Same)	
	18. / 3) / .			CAUS	OF DEATH				INTERVAL BE	
	DISEAS	E OR COND	DITION DI	PECTLY						ONSET AND	DEATH
		LEADING T	O DEATH		(A)	Arterioscler	otic	Cardiovasc	ular		
	heart foilure.	ot meon the osthenio, etc. nplication which	It meons	the disease,	DUE TO		sease				
	Λ	NTECEDENT	CALISES								
		OR CONDITION			(B)						
	RISE TO THE	E ABOVE CA	USE (A) ST		501.10						
z	UNDERLYING CONDITION LAST.										
은		11									
X		NIFICANT CO									
프		DEATH BUT			HE			····		**************	
CERTIFICATION	19A. DATE OF		19B, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	01 No)	20 B. IF YES, WERE FI			_
WAS PERFORMED						IN CERTIFYING CAUSES OF DEATH?					
×	21 A. EXTERNAL			21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID	If in Boltimore City, gi	ve exoct lo	cotion)	
	UNDERLYING DEAUS			etc.)	e, form, foctory, street,	onice pidg., INJURY OCC	CUR?				
Σ	21D TIME	(Month) (D	oy) (Yeor) (Hour) [TE. INJURY OCCURRED	21 F. HOW D	ID INIL	IRY OCCUR?			
	OF INJURY										
	22.			m. \	WORK AT V	ORK ORK					
		ify that I he	eld an Ir	nquiry 🗌	Inspection X Au	tapsy and tha	t an thi	s basis, death In r	ny apiniar	1	
	resul	ted from: N	atural cou	uses X	Accident Suicio	le Hamicide		Indetermined mann	er 🗌		
		DN.	٨	11		CHIEF MEDIC	AL EX	AMINER -			
	ACTUAL	180	ww.	7 + 1	16-	ASSISTANT MEDIC		1000		DATE SIG	NED
	SIGNATI		4 00 0	<u> </u>	M. C	•					
	EXAMIN NAME (1	_ `	draned	r usi	con M D	ASSOCIATE MEDIC	AL E	AMINEK	Oatob	0 10	67
23A	BURIAL CREA		B. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City	, town, or o	$\frac{\text{ounty}}{\text{ounty}}$	Stote)
REA	AOVAL (Specify)									
	Burial		10/11	/67. B	altimore Nati	onal Cemeter	V	Baltimore	e. Md.		
244			10/11, DEPT.		altimore Nati	onal Cemeter		Baltimore		DDRESS	

Tolomas berrel Tes - Will 235-56-1679 Now Charles Salarum

VS 150-REV. -1/1/65

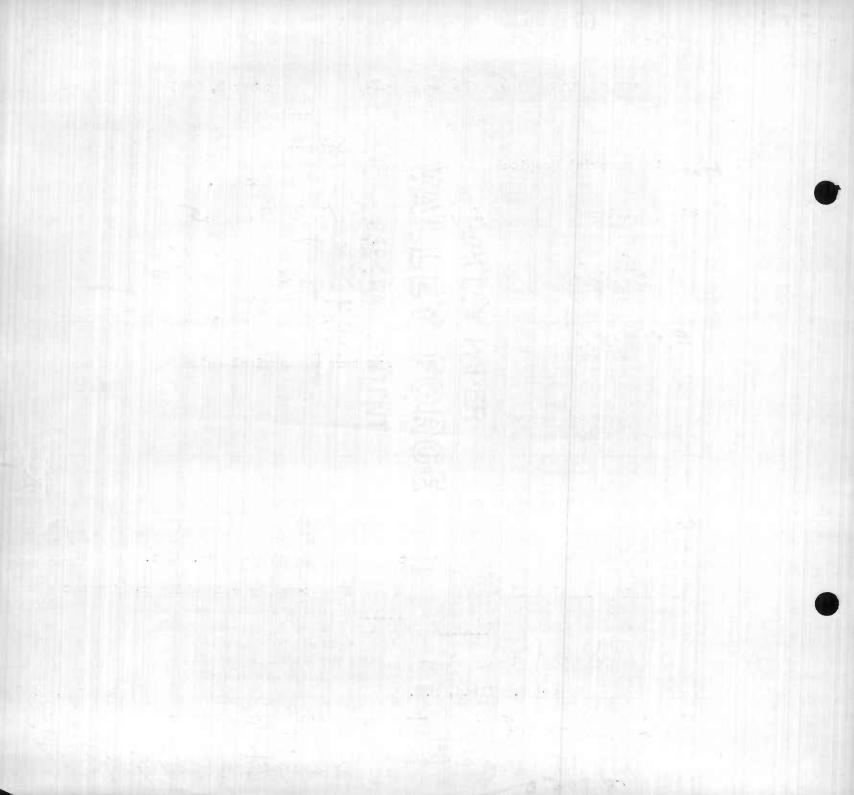
to the second se

ditte and and as and a state of the little and a state of the state of

SAB-50-11-59	Ripi	H 90 30 67 3613	TE OF DEATH Registered No. 67 9509	
sed the control	M.E	CASE NO.	TE OF DEATH	
deatl deatl cease on th		DE OF DECEASED WALY HART	2. DATE AND HOUR OF DEATH OCT. 4. 1967	4
+ 4- 0	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission) A. STATE B. COUNTY	non
osi nc lect		FULL NAME OF (If not in hospital or institution, give street	Maryland	
n a h caus use; (tenda		NSTITUTION Baltimore City Hospitals	C. CITY OR TOWN (If outside city limits, write RURAL and give township). BALTIMORE	-
- 7.		2 / 4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give location)	-
T.= L .		Baltimore, Maryland 21224	1214 Homewood Avenue 21202	
occurre ontribut ermined regular regular is made	5. \$	emale Vegro Wildowed (specify)	8. DATE OF BIRTH 4-24-1860 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
th con in con in		. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY e duping most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
ALEN death t or c Undet as in e dec	13.	House wife	North Carolina U.S.A.	_
另一 = 9€ >+ 9		Harry Deloatch	11.16.	
TANI TANI Istant he din kind; death ce on	15.		17. INFORMANT ADDRESS	
	(Te	s, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 31 213-54-3386-	Records: BCH-4940 Eastern Avenue 21224	
E		183 3 4 X 1 902 0 P P CAUSE OF	ONSET AND DEATH	
A P in S		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	oscleratio Cerebra vaxular Disease 40 years	
OVED 1		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, a	visualia com	
APPROVED CTOR: 1 caminer o aminer. A fracture who proncregular a regular a		injury or complication which caused death.)		
PPR amin min ho ho egu	1	ANTECEDENT CAUSES DUE TO		
W & X (2) = 0		DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)		100
DIR DIR DIR Cal e cal e ns; (3)		UNDERLYING CONDITION last.		-
AL MAN	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	active 3 months	
CAS Lein ody sici	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	208. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
FUN FUN he chi l by c (2) Bo re th phys	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or about 21C. WHERE DID (If in Baltimore City, give exact location)	-
ERTI FI Fital b ital b ital b ital b ital b ital b	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, foctory, street, off	1214 HOMEWOOD AVE.	
_ 4 - 6	MEDIC	21D. TIME (Month) (Doy) (Year) (Hourl 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
A C C C C C C C C C C C C C C C C C C C	>	(APPROX.) 6-25-67 4 Mile AI Work	X FELL OUT OF BED AT HOME	
the the obt	Н	22. I certify that (1) (this hospital) ottended the deceased from	19 6 10 OCT. 4 19 6/	
of of o		that (1) (we) lost sow the deceased alive on OCT, 4	19 ond that in(my) (our) opinion death occurred on the dat	0
ust be a sased to dent of ospital death) must ba		ond hour and from the couses stoted obove. (1) (We) (did) (did not) vi	iew the body ofter deoth. 238. DATE SIGNED	_
nus lea ride o d			nding Med. Stoff Phys. Oct. 4, 1967	
ac ac			23D. ADDRESS	-
was was A. a pricat		BENJAMIN LECHNER M.D.	4940 Eastern Avenue, Baltimore, Maryland	2
± >= 0 0 0 0	24/	A. BURIAL CREMATION, REMOVAL (Specify)	MATORY 24D, LOCATION (City, town, or county) (State)	,
This certif the body shows: (1) was D.O deceased written a	25	Bureal 10-7-61 OILT-Cuch	1250, BUNERAL DIRECTORS ADDRESS	_
This the show was dece	1	0019 1967 Also & E. Fallone	255 FUNERAL DIRECTOR ADDRESS ADDRESS 172.70 MJ 4	16
	VS	150-REV. 1/1/65	solve down the words	7



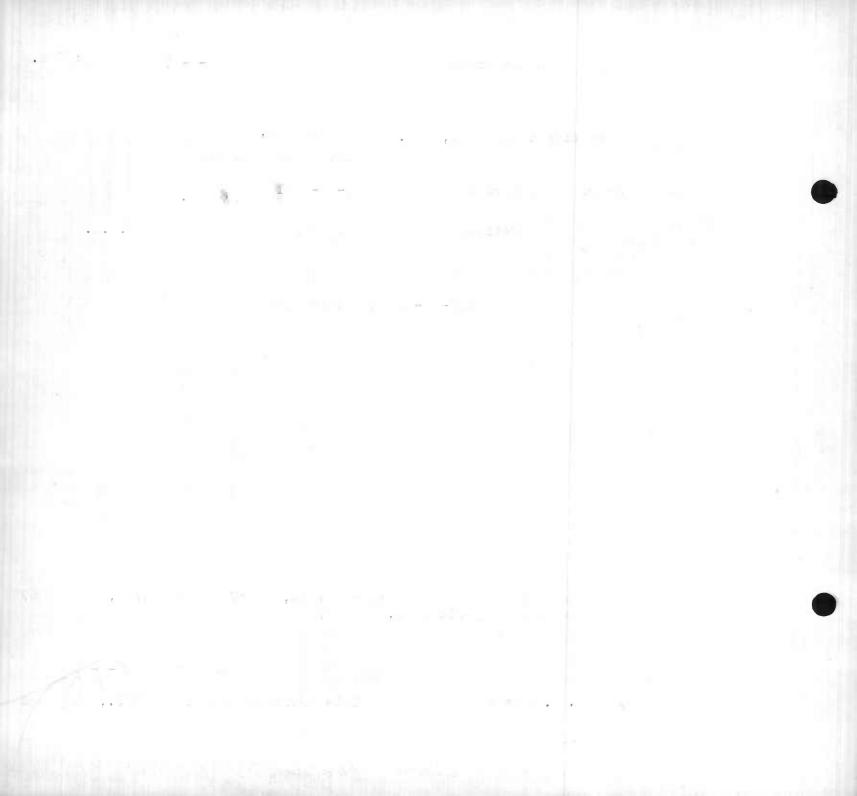
67 9610 BALTIMORE CITY HEAL	TH DEPARTMENT
BIRTH NO 62-30158 MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 67 9610
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
GABLE FLOOD (O PCOD)	I M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	77-17
Waisa Managial Wasaital	Baltimore D. STREET ADDRESS (II rurol, give locoton)
Union Memorial Hospital	806 Radnor Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male Colored Single	Act. 12.1961 last birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work OB. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stoke or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it rented)	Baltimore, Mr.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clejah Flood	Mamil Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, the wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	Elejal Hand Same
18. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
I time does not mean me made of dying, e.g., bill to	racture of cervical spine
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	YES YES
21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIS- 21B, PLACE OF INJURY (e.g., home, form, loctory, street, company)	in or obout 21C, WHERE DID (If in Soltimore City, give exoct location) lince bldg., NJURY OCCUR?
UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH. Street OUTING CAUSE OF DEATH.	On Midwood Ave. 98ft. N of Radnor
OF INJURY	21F. HOW DID INJURY OCCUR?
	WHILE X Struck by auto while running out of an
22. certify that I held on Inquiry Inspection Aut	ropsy X and that an this basis, death in my opinion alley
resulted from: Notural couses XAccident X Suicid	e Homicide Undetermined monner
2/ 11/1	CHIEF MEDICAL EXAMINER
SIGNATURE REWOND + WILL M.D.	ASSISTANT MEDICAL EXAMINER K
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D. 23A. BURIAL CREMATION, 123B. DATE 123CNAME OF CEMETERY	October 3, 1967
23A. BURIAL CREMATION, 23B. DATE 23C NAME OF CEMETERY O	CREMATORY 23D. LOCATION (City, town, or county) (Stotely)
Hured 10-6-61 Whulus	Men the Falliman Mo.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24 FUNERAL DIRECTOR ADDRESS ADDRESS 7
OCT 9 1967 Robert E. FarleyMa	Willington A Sheller n. Manne
VS 151-REV. 1/1/65	3





VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

SYN-4900 FUNERAL DIRECTOR:

BIRTH NO. 67 96		HEALTH DEPARTMENT		67 9613
	13 CERTIFICA	TE OF DEATH	Registered Na.	07, 0010
M.E. CASE NO. 1. NAME OF DECEASED LOO			ND HOUR OF DEATH	
Type or Print) DO AR (RE =	Au VER	OCTOB	60 3 196	7 430
PLACE OF DEATH IN BALTIMORE, MARYLAND	110000	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before admis
		A. STATE B. COUR	Por . The	
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	, give street	C. CITY OR TOWN III ou	otside city limits, write	RURAL and give township)
INSTITUTION		D		7-07
MARYLAND GENERAL HOS	PITAL		rurol, give location)	1-0 x
48		1721 Ael 1	a DA.	#5
SEX 6. RACE 7. MARRIE	D. NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
	ED, DIVORCED (specify)	17/18/00	lost birthdoy)	Months Doys Hours Mi
A. USUAL OCCUPATION (Give kind of Work 108, KIND	DOW OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (Stote or fore	13	12. CITIZEN OF
oğı duğine moşteri working life yağan if retired)		A	ign country)	WHAT COUNTRY?
Housewise Hecht	Co.	IMARY LAN	D	non.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
IRA Hose		EMMA P	ierce	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL			Ol A LADDRESS
(es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.		yn Ku vi n, 27	34 Ashland Avenu
	210-15-6290	1 DAULHTER	1	#5
18. / 5 3 3	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) CAR	CINOMA SIGM.	OD COLON	
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the diseas				
injury or complication which caused death.)		. 0-1-1	2040 4	
ANTECEDENT CAUSES	(B) CECI	TE TREPORATI	ON 2 10 M	
DISEASES OR CONDITIONS, if ony, givin	IG FECA	TE PERFORATIONITIS	SEPTICEMI	A.
rise to the above couse (A) stoting the	1e (C) RENI	n FAILURE		-avvana (mono co co o o o o mano o o o o o o o o o o o o o o o o o o
UNDERLYING CONDITION fost.				
Z OZUMA MONITO MA CONTRIBUTE	NC			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO	THE			
DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	120A AUTOPSY2 IYes or N	ON 208 IF YES WERE	FINDINGS CONSIDERED
DISEASE OF CONDITION CAUSING IT.	A: 4 .	20A. AUTOPSY? IYes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DISEASE OR CONDITION CAUSING IT. 198. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED OBSTRUCTION	- PERFORATED VISI	ins No	IN CERTIFYING CA	USES OF DEATH?
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 08 TRACTION 214. ACCIDENT WAS UNDERLYING 22 OR CONTRIBUTING CAUSE OF	- PEKKIRATED VISC 1B. PLACE OF INJURY (e.g., ir ome, form, foctory, street, of	n or obout 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	- PERFORATED VISC	n or obout 21 C. WHERE DID	IN CERTIFYING CA	USES OF DEATH?
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME Month) [Day] [Year] (Hour) 21 OF INITIAL CONDITION CAUSING IT.	- PERFORATED VISION 18. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)	n or obout 21 C. WHERE DID	(If in Boltimore	USES OF DEATH?
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME [Month] [Doy] [Yeor] (Hour) 21D. TIME [Month] [Doy] [Yeor] (Hour)	TELEVILATED VISUATED	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	USES OF DEATH?
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.)	TENDER OF INJURY (e.g., in ome, form, foctory, street, of tc.) TE. INJURY OCCURRED While At Not While At Work	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	USES OF DEATH?
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME [Month] [Doy] [Year] (Hour) 21D. TIME [Month] [Doy] [Year] (Hour) 22. I certify that (1) (this haspital) attended	TENDER OF INJURY (e.g., in ome, form, foctory, street, of tc.) TE INJURY OCCURRED While At Not While At Work The deceased from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING CA	USES OF DEATH? City, give exact locotion)
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING DEATH (notify medicol exominer) 21D. TIME [Month] [Doy] [Yeor] (Hour) 21D. TIME [Month] [Doy] [Yeor] (Hour) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an	TENDER OF INJURY (e.g., ir ome, form, foctory, street, of tc.) IE. INJURY OCCURRED While At Not While At Work The deceased fram Street, of the deceased fram Street, or other the	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	IN CERTIFYING CA	USES OF DEATH? City, give exact locotion)
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME [Month] [Doy] [Year] (Hour) 21D. TIME [Month] [Doy] [Year] (Hour) 22. I certify that (1) (this haspital) attended	TENDER OF INJURY (e.g., ir ome, form, foctory, street, of tc.) IE. INJURY OCCURRED While At Not While At Work The deceased fram Street, of the deceased fram Street, or other the	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	IN CERTIFYING CA	USES OF DEATH? City, give exact location)
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING 22. OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME [Month] [Doy] [Year] (Hour) 21D. TIME [Month] [Doy] [Year] (Hour) 22. I certify that (1) (this haspital) attended that (1) (we) last saw the deceased alive an	TENDER OF INJURY (e.g., ir ome, form, foctory, street, of tc.) IE. INJURY OCCURRED While At Not While At Work The deceased fram Street, of the deceased fram Street, or other the	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	IN CERTIFYING CA	USES OF DEATH? City, give exact location)
DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A-ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D-TIME [Month] [Doy] [Year] (Hour) 21D-TIME [Month] [Doy] [Year] (Hour) 22. I certify that (!) (this haspital) attended that (!) (we) last saw the deceased alive an and haur and fram the causes stated above.	THE PLACE OF INJURY (e.g., ir ome, form, foctory, street, of tc.) THE INJURY OCCURRED While At Not While At Work The deceased fram 1 OCTUBER 3 (I) (We) (dld) (dld not) v	n or obout 21C. WHERE DID ffice bidg, INJURY OCCUR? 21F. HOW DID IN.	URY OCCUR? 19 1 ta 070 hat In (my) (aur) api	USES OF DEATH? City, give exact location) BAL 3 1967 Inlan death accurred an the
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME [Month] [Doy] [Year] (Hour) 22. I certify that (!) (this haspital) attended that (!) (we) last saw the deceased alive an and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S	TENTURATED VISU 1B. PLACE OF INJURY (e.g., ir ome, form, foctory, street, of tc.) 1E. INJURY OCCURRED While At Not While At Work 1 the deceased fram (I) (We) (did) (did not) v M.D. Atte Phy	n or obout 21C. WHERE DID ffice bidg, INJURY OCCUR? 21F. HOW DID IN.	IN CERTIFYING CA	USES OF DEATH? City, give exact location) BLL 3 1967 Inlan death accurred an the
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21D. TAKE CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. 23A. SIGNATURE	TENTURATED VISUATED V	n or obout 21C, WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID IN. 19 27 and the price of the bldg after death.	URY OCCUR? 19 1 ta 070 hat In (my) (aur) api	USES OF DEATH? City, give exact location) BLL 3 1967 Inlan death accurred an the
DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A-ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME [Month] [Day] [Year] (Hour) 21D. TIME [Month] (Day) [Year] (Hour) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) MAR TIME 21 P.	TENTURATED VISU 1B. PLACE OF INJURY (e.g., ir ome, form, foctory, street, of tc.) IE. INJURY OCCURRED While At Not While At Work The deceased from Street, of the deceased from M.D. Atte Phy SER M.D. M.D. Atte	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 67 and the price of t	IN CERTIFYING CA	USES OF DEATH? City, give exact location) BLL 3 1967 nian death accurred an the
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME [Month] [Doy) [Year] (Hour) 21 21D. TIME [Month] [Doy) [Year] (Hour) 22 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) MAR. EMMOVAL [Specify) 4AB. BURIAL CREMATION, 24B. DATE REMOVAL [Specify)	TENTENTED VISUATED VI	n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 22F. HOW DID IN.	IN CERTIFYING CA	USES OF DEATH? City, give exact location) BLL 3 1967 nian death accurred an the
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME Month) Doy) Yeor) (Hour) 21 D. TIME Month) Doy) Yeor) (Hour) 22 C. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) MAL BURIAL CREMATION, 24B. DATE REMOVAL ISpecify) 24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)	TENTURATED VISU 1B. PLACE OF INJURY (e.g., ir ome, form, foctory, street, of tc.) IE. INJURY OCCURRED While At Not While At Work The deceased from Street, of the deceased from M.D. Atte Phy SER M.D. M.D. Atte	n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 22F. HOW DID IN.	IN CERTIFYING CA	USES OF DEATH? City, give exact locotion) BEL 3 1967 nian death accurred an the
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OBSTRUCTION 21A. ACCIDENT WAS UNDERLYING 120 OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21D. TIME (Month) (Doy) (Yeor) (Hour) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) MARTHURE 24C. BURIAL CREMATION, 24B. DATE 10/6/67 10/6/67	TENTENTED VISUATED VI	n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 22F. HOW DID IN.	IN CERTIFYING CA	USES OF DEATH? City, give exact location) BLC 3 1967 nian death accurred an the



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

The second 1378.6.1 H6.M.3 (33752A - TITTO E WELL . TH U W MILLSHO B CATAL DE CATAL DE CATAL The state of the s LIFE (ESTE) DENOTED DICES ENGLICH THE PARTY OF THE P

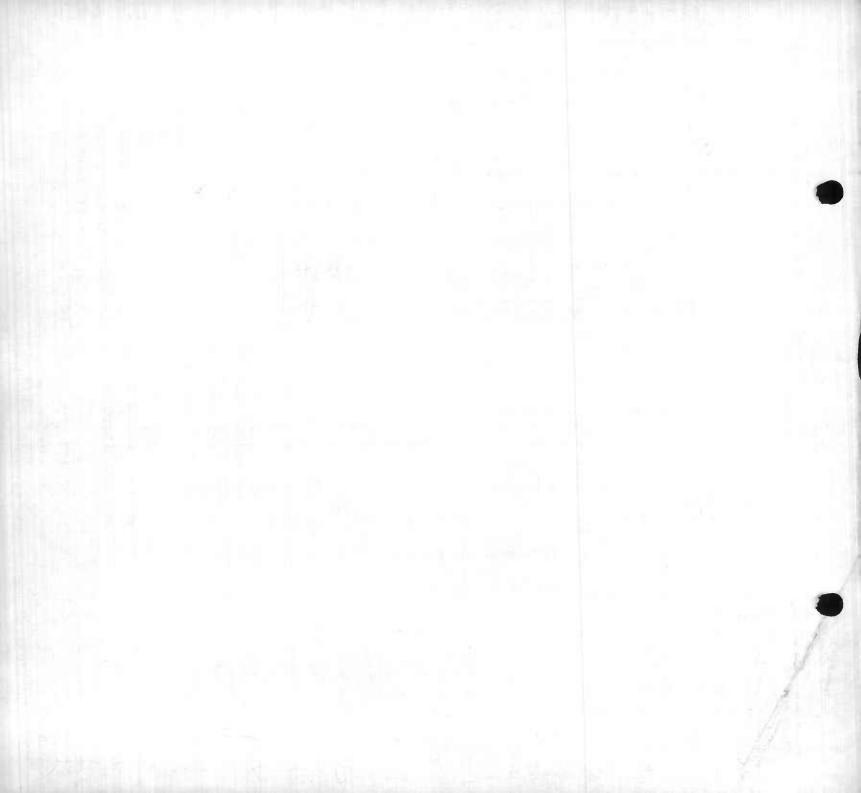
OCYDEEN 7, C7 C3 BITTO EA F.

Military and the Principle of the Company of the Co

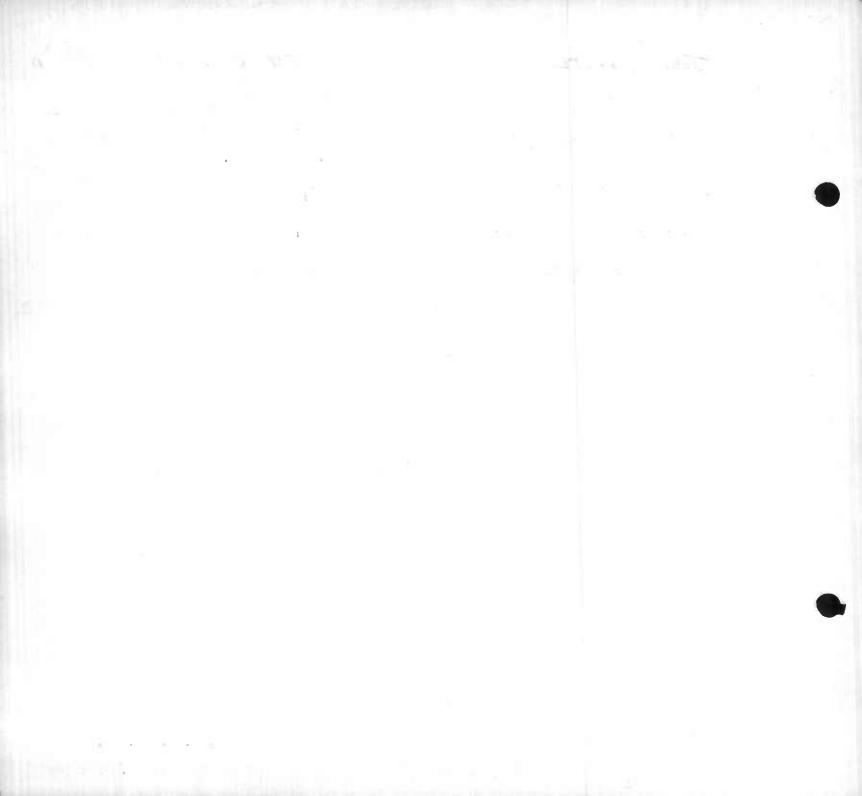
NOTE OF THE STATE OF THE STATE

VS 151-REV. 1/1/65

M.E. CASE NO.	67 9616 CERTIF		
NAME OF DECEASED Type or Print)		2. DATE AND HOUR	
DAN SA	LAN	October	4, 1967 1250 p
. PLACE OF DEATH IN BALTIMO	RE, MARYLAND	4. USUAL RESIDENCE (Where decease A. STATE B. COUNTY	d lived, if institutions residence before admission
FULL NAME OF (II not in h	ospital or institution, give street	md.	Baltin
HOSPITAL OR oddress or		C. CITY OR TOWN (If outside city	limits, write RURAL and give township)
20		Baltimore	53-00
58		D. STREET ADDRESS (If rurol, give	
University of man	yland Hospital 17. MARRIED, NEVER MARRIED	3302 Smith av	٤.
. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (I	n years If Under 1 Yr. If Under 24 Hrs oy) Months Doys Hours Min.
M	Marked (spec	ify) 1-1-97 lost birthd	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give king		OUSTRY 11. BIRTHPLACE (State or loreign country	12. CITIZEN OF
one during most of working life, even if	retired)	1	WHAT COUNTRY?
Salesman		14. MOTHER'S MAIDEN NAME	51A U.S.a.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Beryl Sale	Luc .	Rage	
5. Was Deceased Ever in U. S. An	ned Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (II yes, give wor	or dotes of service) SECURITY NO.		C
NO		wye	Same
1B./57XI	CA	USE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION	ON DIRECTLY		
LEADING TO	DEATH	Carcinoma of Pancre	au
(This daes nat mean the m		TO C	
heart failure, asthenia, etc. It injury ar camplication which			
	ALICEC (B)	TO	
ANTECEDENT C		TO	
DISEASES OR CONDITION			750 300 100
underlying condition i	asf.	200 70 40 200 200 40 40 40 40 40 40 40 40 40 40 40 40 4	
OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING		
TO THE DEATH BUT NO	T RELATED TO THE		
DISEASE OR CONDITION CAL	B. CONDITION FOR WHICH OPERATION	120A. AUTOPSY? (Yes of No) 208. IF	YES, WERE FINDINGS CONSIDERED
	AS PERFORMED		TIFTING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERL	YING 218 PLACE OF INTURY	(le.g., in or obout 21 C. WHERE DID (1	f in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE	OF home, form, foctory, st	reel, office bldg., INJURY OCCUR?	The bollinote only, give exoct locollotti
U	etc.)		
21D. TIME (Month) (Doy)	(Yeor) (Hour) 21E INJURY OCCURR	21 F. HOW DID INJURY OCC	UR?
OF INJURY		of While	
		Work	4
22. I certify that A (this h	espital) attended the deceased from	October 1 1967	10 October 4 1967
that (1) (we) lost saw the d	M . E. A	./) (our) opinion death occurred on the da
and have and from the cour	es stated obove. (1) (We) (did) (did		
23A. SIGNATURE	es sidied obove. (1/ Jive/ (did/ (gite-	nor, view the body offer deoffi.	238, DATE SIGNED
1. SIGNATURE	1	Attending - AAA - Staff	
year m.	Beheon M.I	Phys. Director Phys.	4 October 1967
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
	TACKSON	M.D. Unwersity of In	d. Hospital
24A. BURIAL CREMATION, 24B. D			
REMOVAL (Specily)	COLOR OF CEMETER	24 LOCATION	(City, lown, or county) (Stote)
			Man !
Bureal 16	18161 Unlineste		14/61
Sures By HEALTH DEP	wetter	25C. FUNERAL DIRECTOR	ADDRESS
Duncal	1 Country	C 0	ADDRESS Garrison
Duncal	1 Country	25C. FUNERAL DIRECTOR Sylvan S. Levis	



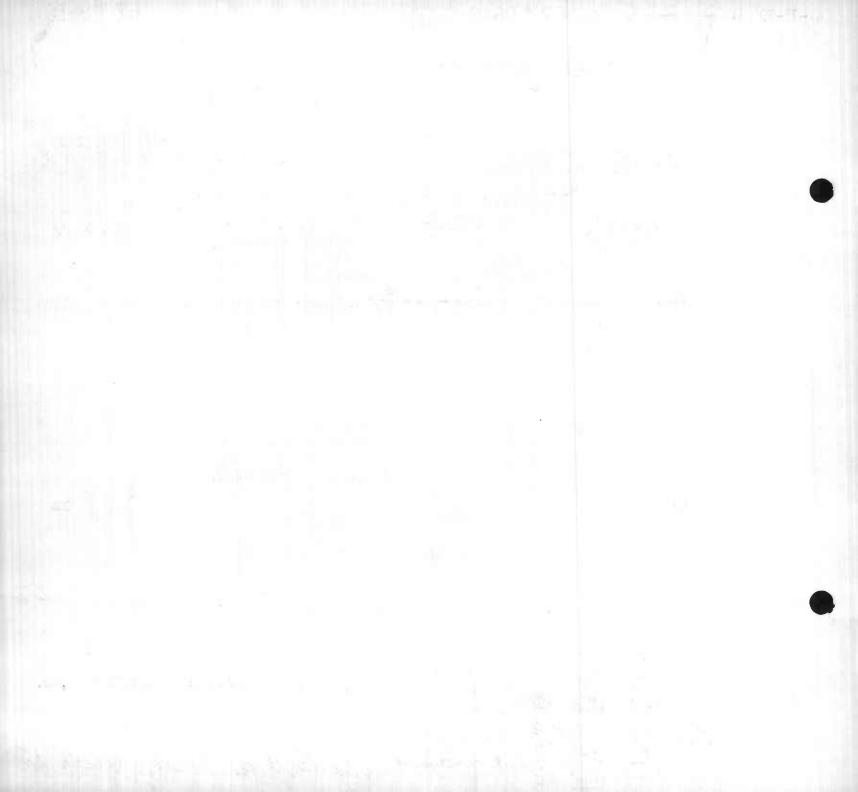
VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

NAME OF DECEASED Type or Print) Beu	lah A. Ar	nderson			6, 1967		3:45 P.M.
PLACE OF DEATH IN BALTIMORE, MA	RYLAND		A, STATE	SIDENCE (When	re deceased lived. If i	nstitution: re	sidence before odmiss
FULL NAME OF (If not in hospital	or institution, giv	ve street		d.			
HOSPITAL OR oddress or location	C. CITY OR TOWN (If outside city limits, with RURAL and give township) Baltimore,						
4107 Newber	n Ave.		D. STREET A		rurol, give locotion)	0	
00			E	107 Newbe	ern Ave.		
Female Cau.		IEVER MARRIED DIVORCED (specify)	8. DATE OF B		9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 Doys Hours Mi
A. USUAL OCCUPATION (Give kind of work one during most of working life, even il retired) Housewife	10B, KIND OF B				gn country) West Virgin		EN OF AT COUNTRY?
B. FATHER'S NAME	AC ROI	ne .		MAIDEN NA			
	Jacon Ka	atle		lice Rel	beca Andrew	s	
. Was Deceased Ever in U. S. Armed Fare	ces?	6. SOCIAL	17. INFORMA		Dog Haller CM		ADDRESS
'es,na arunknown) (If yes, give wor ar dote	s of service)	SECURITY NO.	Thomas	R. Ander	rson, 4107	Newber	n Ave-
18.			OF DEATH	100 114200	100119 14101		NTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY	1		. 4			ONSET AND DEATH
LEADING TO DEATH		(A) The	egral & C	enchalo	verind	4027	gro
(This does not meon the mode of heart foilure, asthenio, etc. It meons		DUE TO					7
injuly of complication which caused							
ANTECEDENT CAUSES		(B)			*****		
DISEASES OR CONDITIONS, if	any, giving	001					
lise to the above cause (A)	stating the	(C)			····		
UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE						
DISEASE OR CONDITION CAUSING I	DITION FOR WI	HICH OPERATION	20 A. AUTO	PSY? (Yes ar No	20B. IF YES, WERE	FINDINGS AUSES OF D	CONSIDERED DEATH?
		ACE OF INTERES	a in as about 193.0	WHERE DID			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	l 21 B. P home, etc.)	LACE OF INJURY (e. form, foctory, street	g., in or obout 21C., office bldg., INJU	JRY OCCUR?	ut in Bollima	re City, give	e exect lecetion)
)							
21D. TIME (Month) (Day) (Year) OF INJURY		NJURY OCCURRED	While	HOM DID IN1	URY OCCUR?		
(APPROX)	Work	AI W					
22. I certify that (I) (this hospital) attended the	deceased fram	no		1966 10	016	196
that (I) (we) last saw the decease	d alive an	Cept	196	and th	at in (my) (aur) ap	inian deat	
and have and from the causes stat	ed abave. (I)	(We) the (did no		/			
23A. SIGNATUR	00 000 (1)	(1107) (010 110	i) view life bad;	direc dedili.		23B. DAT	E SIGNED
Thurs has	(mil	4. M.D.	Attending (Med.	Stoff	10	1 1
23C. PHYSICIAN'S	(- 7, 0	7 400	Phys. 23D. ADDRESS	Director	Phys.		19/67
NAME (Type)							
	3. Kirsh,			000 W. N	orthern Par	kway	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY or	CREMATORY	24D. L	OCATION (C	ity, town, o	r county) (Sto
Burial 10/10/6	7 Balt	imore Nati	onal Cemet	ery Ba	ltimore, Md	•	
					-		
OCJ 10 1967	258. NAME OF	E, Farber M	2557FUN	ERAL DIRECTOR	mmon. 4611	Panle	Hot obto

The state of the same of the s examina aggle & some transmission . A ...



	pital and to death of death Deceased e on the Such	M.E. CASE NO. 1. NAME OF DECEASED (Type of Print)	CATE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH 10 - 7 - 67.	
	5 0 0	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street)	4. USUAL RESIDENCE (Where deceased lived, If i A. STATE B. GOUNT) A LTIMOR	
	car end to	HOSPITAL OR oddress or locotion) 3 MERCY HOSP,	C. CITY OR TOWN (If outside city limits, write ALTIMORE D. STREET ADDRESS (If rurol, give location)	RURAL and give township)
	tributing hined cau gular att sed prior made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	PRLES ST, If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	contribut contribut etermined n regular sceased p	WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work lob, KIND OF BUSINESS OR INDUS done during most of working life, even if relired)	7-15-18 lost birthdoyl 7 TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	dear Und 'as i 'as i e de	BINDERMAN BOOK BINDING	BALTMORE 14. MOTHER'S MAIDEN NAME	USA.
ANT		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ID	ADDRESS
ORT/	OR: IMPOR niner or his ass iner. Also, if tracture of any pronounced pular attendan	VES WWIL 217-04-820	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
_		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	icute pancreatités	weeks
TOR:		injury or complication which coused death.) ANTECEDENT CAUSES (B) DUE TO	1	
DIRECT	alexan (3) A an wh in re	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	Itelectasis	day
-4	nief medical a medical e ody burns; (; ne physician sician was ii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
UNERA		19A. DATE OF OPERATION WAS PERFORMED HOLELITHIASIS	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location
ш.	heital No No	OR CONTRIBUTING CAUSE OF hame, form, foctory, street etc.) OR CONTRIBUTING CAUSE OF hame, form, foctory, street etc.)	office bldg INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	
	> = 0 0 0	OF INJURY	9-17 19 67 10	10-7 1967
	of a of a tal (th);	that (1) (we) last saw the deceased alive an	19 67 and that in (my) (aur) ap	inian death accurred an the date
	3 0 5 5 6	23A. SÍGNATURE Lawbalu M.D.	Attending Med. Stoff Phys. Director Phys.	10-8-67
	was was A. at prio		23D. ADDRESS .D.	
	This certificat the body was shows: (1) An was D.O.A. at deceased prio	24A. BURIAL CREMATION, 24B. DATE BURIAL 10-11-47 24C. NAME of CEMETERY OF 10-11-47 25A. DATE REC'DARA HEALTH DEPT. 25B. NAME OF REGISTRAR	MER LEM BALTO 1	(State)
	This the k	VS 150-REV. 1/1/65	C. F. EUAN & SON 88	202 Mantony Kp.



IMPORTANT

FUNERAL DIRECTOR:

		Y HEALTH DEPARTMENT	0004
M.E. CASE NO.	7 9621 CERTIFICA	TE OF DEATH Registered No.	67 9621
1. NAME OF DECEASED 5 T R	EVIG Harry 1	RUSSE 2. DATE AND HOUR OF DEATH	7 1145
3. PLACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where deceased lived, If it	- ~
FULL NAME OF (If not in hospite oddress or local)	ol or institution, give street	md Carrol	0,
INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
91 Montabello	Hosp, Baltimore	D. STREET ADDRESS (If jurol, sive locotion)	RD*1
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH J 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OR USUAL OCCUPATION Give hind of we	M STATE OF BUSINESS OF INDUSTRY	9/22/04 63	12. CITIZEN OF
done during most of working life, even if retired)	md Balto. Co.	WHAT COUNTRY?
KK ENGINEER	0	14. MOTHER'S MAIDEN NAME	USA
Alvin R. St	reviq	Sarah T. Frank	
5. Was Deceased Ever in U. S. Armed F Yes, no ar unknown) (Iff yes, give war or do		17. INFORMANT	ADDRESS DA #
NO ? ?	716.12.3723	Reba Strevia Ho	ghtield Dr RD#
18./63 X I	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D		111 1011.	0 0
This does not mean the mode	(A) CQ	of hung (kight)	7 months
heart failure, asthenia, etc. It mear injury or complication which couse	ns the diseose,	3 0 °	
ANTECEDENT CAUSE	12:		
DISEASES OR CONDITIONS, if	DUE TO		
rise to the obove couse (A			
UNDERLYING CONDITION Iosi,			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	LATED TO THE		
	ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in a about 21C. WHERE DID (If in Baltimat	re City, give exact location)
DEATH (notify medical examiner)	O etc.)		
OF INJURY (Month) (Doy) (Yeo	t) (Hour) 21E. INJURY OCCURRED Whife At Not Whi	21F. HOW DID INJURY OCCUR?	
(APPROX.)	Work At Work		1, ,
22. I certify that (I) (this haspit	ol) ottended the deceased from	10 (3 /19 67 19	10 16 / 1967
that (I) (we) lost sow the deceo	sed alive on	6 /19 6 7 and that in (My) (aur) op	inian deoth occurred on the do
and hour and fram the equses st	ated above. (1) (We) (did) (did nat)	view the body after death.	
23A. SIGNATURE			23B. DATE SIGNED
thatean	M.D. At	ys. Med. Sloff Phys.	Oct 6 67
23C. PHYSICIAN'S NAME (Type) Hea	Pean LEW M.D.	23D. ADDRESS Montebello Hosp, Mi	d
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR		ity, town, or county) (Stole)
Burial 10/10/	67 Rocky Hill Ceme	tery Woodsboro	Md.
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
uci 1 0 1967 (i	Pro to E Faibourna	Tipton - Eline Funeral	Home Hampstead, M
'S 150-REV. 1/1/65	oken C. Nauberman	Tipton - Eline runeral	nome nampstead,



cause

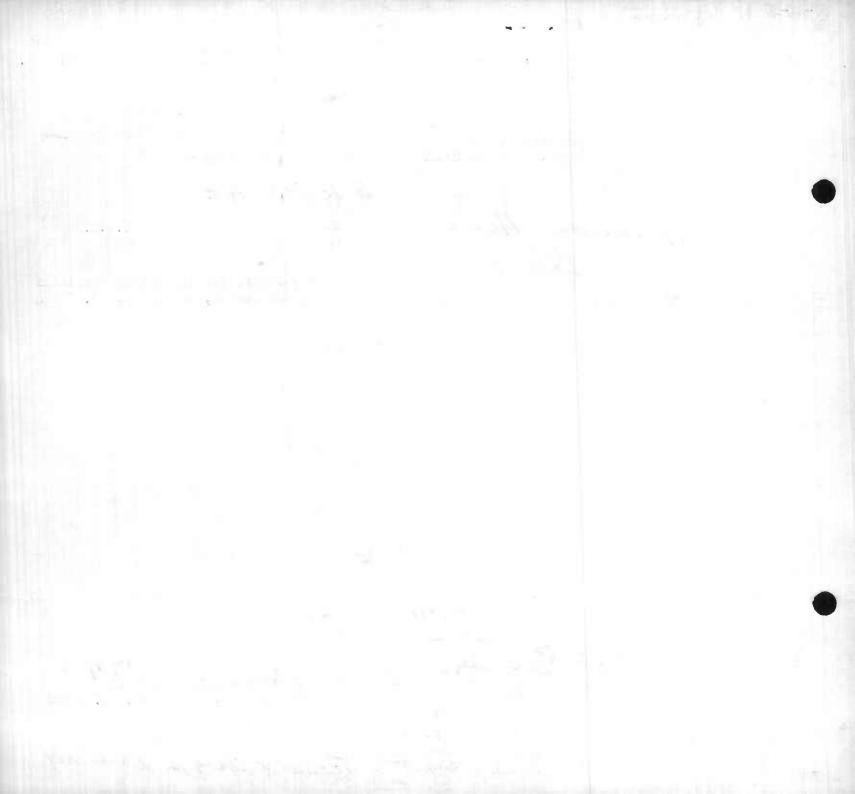
contributing

IMPORTAN

DIRECTOR:

FUNERAL

approved



FUNERAL DIRECTOR: IMPORTANT

	ME OF DECEA			24 CERTIFIC		ID HOUR OF DEAT	TH	
Туре	or Print)	William	n E.	Schuman Jr.		ct. 8, 196		1 P.
. PL/	CE OF DEATH	IN BALTIMORE, MA			14. USUAL RESIDENCE (Whe	re deceased lived. If	f institution; resid	ence before admission
					A. STATE B. COUR	(TY		
HO	LL NAME OF SPITAL OR	(If not in hospital address or location		give street	Maryland c. city or town (If ou	taide att. Itaatta uuts	a DIIDAL and a	
INS	TITUTION				Baltimor		e RUKAL ond gi	ve township)
4	3					rurol, give location)		
	0 11 5	31 0 1	T * 1	7			C.L	*
. SEX		lto Gen I		, NEVER MARRIED	B. DATE OF BIRTH	ontgomery S	If Under 1	Yr If Under 24 Hrs
			WIDOW	D, DIVORCED (specify)		lost birthdoy)	Months Do	ys Hours Min.
Ma	le	White		arried	Oct. 27, 1908 RY 11. BIRTHPLACE (Stote or fore	58		
		ting lite, even if retired)	KIOB, KIND C	DE BOSINESS OK INDOSE	RY BIRIMPLACE (Stote or fore	(gn country)	12. CITIZEN WHAT	COUNTRY?
	Chauffer	ır	Ba	lto. City	Balto. M	d.	U	S A
3. FA	THER'S NAME				14. MOTHERS MAIDEN NA	ME		
		Waaniam	E. Sc	human Sr.	Catherin	ie Unknown	1	
5. Wa	s Decensed Fu	or in U. S. Anned Fo		1 6. SOCIAL	17. INFORMANT	10 OHRHOWI		DDRESS
es,n	NO NO	yes, give wor or dote	es of service)	SECURITY NO.				
	NO				Mrs. Gertrude	R. Schuman	202 E.	Montgomery
18	420	2 / 1		CAUSE	OF DEATH			ERVAL BETWEEN
	DISEASE	OR CONDITION DI	RECTLY			0		SET AND DEATH
		ADING TO DEATH		441	Coronaugl	() a - V.		1 done
	his does not	mean the made of	dvina ea	(A)	To be to the		2. Fab	1000
la la							1	
		henio, elc. Il meons	the diseose		0			U
	jury or compli	henio, etc. II meons cotion which coused	the diseosed deoth.)		0			
	jury or compli	henio, elc. Il meons	the diseosed deoth.)		<i>O</i>			
in D	AN	henio, elc. II meons colion which coused TECEDENT CAUSES CONDITIONS, il	the diseased death.)	B)	<i>V</i>			
in D	AN ISEASES OR se to the	henio, elc. II meons colion which coused TECEDENT CAUSES CONDITIONS, il obove couse (A)	the diseased death.)	B)	0			0
in D	AN ISEASES OR se to the	henio, etc. II meons colion which coused TECEDENT CAUSES CONDITIONS, il obove couse (A) CONDITION lost.	the diseased death.)	B)	<i>V</i>			
D ris	IJUTY OF COMPILITY	henio, etc. II meons colion which coused TECEDENT CAUSES CONDITIONS, il obove couse (A) CONDITION lost.	the disease death.) ony, giving stating the	(B) DUE TO G G (C)	<i>V</i>			
D ris	AN ISEASES OR SE IO THE NDERLYING OTHER SIGNIFICO OTHE DEA	henio, etc. II means colion which coused TECEDENT CAUSES CONDITIONS, il obove couse (A) CONDITION lost.	the diseased death.) ony, giving stoling the stolength of the stolength o	(B)	<i>V</i>			
D ris	AN ISEASES OR ISEASES OR ISEASE IO THE NDERLYING OTHER SIGNIFIC OTHE DEA	henio, etc. II means colion which coused trecedent CAUSES CONDITIONS, il obove couse (A) CONDITION lost. II ANT CONDITIONS CIT BUT NOT RELANDITION CAUSING	the discosor decided and decid	(B) DUE TO G G (C)				ONE DEPEN
D ris	AN ISEASES OR SE IO THE NDERLYING OTHER SIGNIFICO OTHE DEA	henio, etc. II means colion which coused trecedent CAUSES CONDITIONS, il obove couse (A) CONDITION lost. II ANT CONDITIONS CIT BUT NOT RELANDITION CAUSING	i the disease of death.) ony, giving stating the stating the stating the stating the stating to the stating the s	(B)	<i>V</i>		RE FINDINGS CO	ONSIDERED THE
ERTIFICATION 61 61 61 61 61 61 61 61 61 61 61 61 61	AN ISEASES OR ISEASES OR ISEASE IO THE INDERLYING OF THE DEA ISEASE OR CO	henio, etc. II means colion which coused trecedent Causes Conditions, il above couse (A) CONDITION lost. ANT CONDITIONS (IIIII NOT RELANDITION CAUSING PERATION 198. CONWAS PER	ony, giving sloling the CONTRIBUTING AFED TO	O, (B) DUE TO G (C) NG HE WHICH OPERATION	20 A. AUTOPSY? (Yes or No	D) 208. IF YES, WER IN CERTIFYING C	RE FINDINGS CO	ATH?
CEKILLICATION 11 OF 12 O	AN ISEASES OR ISEASES OR ISEASE IO THE INDERLYING OTHE DEA ISEASE OR CO A-DATE OF O	henio, etc. II means colion which coused trecedent Causes (A) conditions, il obove couse (A) condition lost. II ant conditions (The But not relability of the Causing Peration 198, con was per	ony, giving sloting the CONTRIBUTING TO TO THE CONTRIBUTING TO THE CONTRIBUTION FOR FORMED	B. PLACE OF INJURY (e.g. me, form, foctory, street,		D) 208. IF YES, WER IN CERTIFYING C	RE FINDINGS CO	ATH?
CAL CERTIFICATION O O C C C C C C C C C C C C C C C C C	ANDERLYING THER SIGNIFIC OTHER DEADISEASE OR CO A-DATE OF O A. ACCIDENT R CONTRIBUTII	henio, etc. II means colion which coused trecedent Causes Conditions, il above couse (A) CONDITION lost. ANT CONDITIONS (IIIII NOT RELANDITION CAUSING PERATION 198. CONWAS PER	ony, giving stoling the CONTRIBUTII ATED TO TIT. IDITION FOR FORMED	B. PLACE OF INJURY (e.g. me, form, foctory, street,	20 A. AUTOPSY? (Yes or No	D) 208. IF YES, WER IN CERTIFYING C	RE FINDINGS CO	ATH?
DICAL CERTIFICATION DICAL CERTIFICATION 10 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AN ACCIDENT A CONTRIBUTION OF THE PEA	henio, etc. II means colion which coused trecedent Causes (A) conditions, il obove couse (A) condition lost. II ant conditions (The But not relability of the Causing Peration 198, con was per	ony, giving sloting the CONTRIBUTION FOR FORMED	B. PLACE OF INJURY (e.g. me, form, foctory, street,	20 A. AUTOPSY? (Yes or No	O) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO	ATH?
MEDICAL CERTIFICATION O O O O O O O O O O O O O O O O O O	AN ACCIDENT CONTRIBUTION CARACTER CARAC	henio, etc. II means colion which coused trecedent causes (A) conditions, il obove couse (A) condition lost. II ant conditions (II) ant conditions (A) conditions (A) condition causing (B) cause of cause of cause (B) cause of cause (B)	ony, giving sloting Ihr Slotin	B. PLACE OF INJURY (e.g. me, form, foctory, street, c) E. INJURY OCCURRED Thile At Not W	20 A. AUTOPSY? (Yes or Not of the property of	O) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO	ATH?
MEDICAL CERTIFICATION 10 0 0 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AN ACCIDENT A CONTRIBUTION OF THE PEA	henio, etc. II means colion which coused trecedent causes (A) conditions, il obove couse (A) condition lost. II ant conditions (II) ant conditions (A) conditions (A) condition causing (B) cause of cause of cause (B) cause of cause (B)	ony, giving sloting Ihr Slotin	O, (B) DUE TO O O O O O O O O O O O O	20 A. AUTOPSY? (Yes or Not of the control of the co	OP 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO CAUSES OF DEA note City, give es	ATH?
MEDICAL CERTIFICATION WINDER WEDICAL CERTIFICATION WEDICAL WED	A. A.C. CIDENT R CONTRIBUTIL EATH (notify m D. TIME F INJURY PPROX.)	henio, etc. II means colion which coused tecedent Causes Conditions, il above couse (A). CONDITION lost. II ANT CONDITIONS (ITH BUT NOT RELAMING TONDITION CAUSING PERATION TO CAUSING TO	ony, giving sloting Ihroman CONTRIBUTING IT. CONTRIBUTING TO THE CONTRIBUTION FOR FORMED (Hour) 21 (Hour) 21 W W	B. PLACE OF INJURY (e.g. me, form, foctory, street, c) E. INJURY OCCURRED Thile At Not W	20 A. AUTOPSY? (Yes or Not of the control of the co	O) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO CAUSES OF DEA note City, give es	xoct locotion)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION TO 10 10 10 10 10 10 10 10 10 10 10 10 10	AN ACCIDENT ROTHER SIGNIFIC OF ON THE DEAL SISEASE OR COMMISSEASE	henio, etc. II means colion which coused trecedent Caused trecedent Caused (A) conditions, illobove couse (A) conditions (A) conditions (A) conditions (A) condition Causing (A) condition (A) conditi	ony, giving stoling the ATED TO	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctory, street, c.) E. INJURY OCCURRED (hile At Not Work	20 A. AUTOPSY? (Yes or No	O) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO CAUSES OF DEA nore City, give es	xoct locotion)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION 10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AN ACCIDENT CONTRIBUTILE ATH (notify more finjury). PPROX.)	henio, etc. II means colion which coused trecedent CAUSES CONDITIONS, il obove couse (A) CONDITION lost. ANT CONDITIONS (THE BUT NOT RELANDITION CAUSING PERATION 198. CONWAS PER WAS UNDERLYING CAUSE OF colicol exominer) Onth) (Doy) (Year)	ony, giving sloling the ATED TO T IT. CONTRIBUTING TO T IT. (Hour) 21 WW. WW. (Hour) 21) attended ad olive on.	B. PLACE OF INJURY (e.g. me, form, foctory, street, c.) E. INJURY OCCURRED hile At At Work At	20 A. AUTOPSY? (Yes or Not of the property of	O) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO CAUSES OF DEA nore City, give es	XTH?
Display	AN ACCIDENT CONTRIBUTION CATHER SIGNIFIC OF THE DEADISEASE OR COADATE OF OTHER CONTRIBUTION CATHER CATH	henio, etc. II means colion which coused trecedent CAUSES CONDITIONS, il obove couse (A) CONDITION lost. ANT CONDITIONS (THE BUT NOT RELANDITION CAUSING PERATION 198. CONWAS PER WAS UNDERLYING CAUSE OF colicol exominer) Onth) (Doy) (Year)	ony, giving sloling the ATED TO T IT. CONTRIBUTING TO T IT. (Hour) 21 WW. WW. (Hour) 21) attended ad olive on.	B. PLACE OF INJURY (e.g. me, form, foctory, street, c.) E. INJURY OCCURRED hile At At Work At	20 A. AUTOPSY? (Yes or No	O) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO CAUSES OF DEA nore City, give es	xoct locotion) 19
Display	AN ACCIDENT CONTRIBUTILE ATH (notify more finjury). PPROX.)	henio, etc. II means colion which coused trecedent CAUSES CONDITIONS, il obove couse (A) CONDITION lost. ANT CONDITIONS (THE BUT NOT RELANDITION CAUSING PERATION 198. CONWAS PER WAS UNDERLYING CAUSE OF colicol exominer) Onth) (Doy) (Year)	ony, giving sloling the ATED TO T IT. CONTRIBUTING TO T IT. (Hour) 21 WW. WW. (Hour) 21) attended ad olive on.	B. PLACE OF INJURY (e.g. me, form, foctory, street, c.) E. INJURY OCCURRED hile At Not Work At Wo the deceosed from 10 - 4 (1) (We) (did) (did not)	20A. AUTOPSY? (Yes or No.) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJury ond the light of the body ofter death.	O) 20B. IF YES, WER IN CERTIFYING COUR? URY OCCUR?	RE FINDINGS COCAUSES OF DEA	xoct locotion) 19 G Deceured on the dot
WEDICAL CERTIFICATION OCT. 12 TO OCT. 12	AN ACCIDENT CONTRIBUTION CATHER SIGNIFIC OF THE DEADISEASE OR COADATE OF OTHER CONTRIBUTION CATHER CATH	henio, etc. II means colion which coused trecedent CAUSES CONDITIONS, il obove couse (A) CONDITION lost. ANT CONDITIONS (THE BUT NOT RELANDITION CAUSING PERATION 198. CONWAS PER WAS UNDERLYING CAUSE OF colicol exominer) Onth) (Doy) (Year)	ony, giving sloling the ATED TO T IT. CONTRIBUTING TO T IT. (Hour) 21 WW. WW. (Hour) 21) attended ad olive on.	B. PLACE OF INJURY (e.g. me, form, foctory, street, b.) E. INJURY OCCURRED hile At At Work The deceosed from	20 A. AUTOPSY? (Yes or Not of the property of	O) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO CAUSES OF DEA nore City, give es	xoct locotion) 19 G Deceured on the dot
WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION (VA. 223	AN ISEASES OR ISEASES OR ISEASE OF THE SIGNIFIC OF THE DEA ISEASE OR CO A-DATE OF O A. ACCIDENT IS CONTRIBUTILE EATH (notify m D. TIME F INJURY PPROX.) I. I certify the at (I) (we) lo and hour and fi A. SIGNATURE C. PHYSICIANS	henio, etc. II means colion which coused trecedent caused	ony, giving sloling the ATED TO T IT. CONTRIBUTING TO T IT. (Hour) 21 WW. WW. (Hour) 21) attended ad olive on.	B. PLACE OF INJURY (e.g. me, form, foctory, street, b.) E. INJURY OCCURRED hile At At Work The deceosed from	20 A. AUTOPSY? (Yes or Not office bldg., INJURY OCCUR? 21 F. HOW DID INJury ond the old office bldg., INJURY occur? 21 F. HOW DID INJury ond the old office bldg., INJURY occur?	OP 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim URY OCCUR?	RE FINDINGS COCAUSES OF DEA	xoct locotion) 19 G Deceured on the dot
MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION (VA. 223	AN ACCIDENT CONTRIBUTION OF INJURY PROCESS OR CONTRIBUTION OF INJURY PROCESS OF CONTRIBUTION OF CONTRIBUTI	henio, etc. II means colion which coused trecedent caused	ony, giving sloling the ATED TO T IT. CONTRIBUTING TO T IT. (Hour) 21 WW. WW. (Hour) 21) attended ad olive on.	B. PLACE OF INJURY (e.g. me, form, foctory, street, b.) E. INJURY OCCURRED hile At At Work The deceosed from	20 A. AUTOPSY? (Yes or Not office bidg., in or obout office bidg., in Jury Occur? 21 F. How DID INJury Occur? 21 F. How Did INJury Occur? 21 F. How Did INJury Occur? And the view the body ofter deoth.	OP 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim URY OCCUR?	RE FINDINGS COCAUSES OF DEA	xoct locotion) 19 G Deceured on the dot
MEDICAL CERTIFICATION D 0:10	AN ACCIDENT A CONTRIBUTION OF THE DEADISEASE OR CONTRIBUTION OF THE CONTRIBUTION OF TH	henio, etc. II means colion which coused trecedent caused	ony, giving sloting the ATED TO THE ATED T	B. PLACE OF INJURY (e.g. me, form, foctory, street, c.) E. INJURY OCCURRED hile At Not Work At Work A	20A. AUTOPSY? (Yes or No. 1) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJury ond the view the body ofter deoth. Attending D. Med. Director Direc	OP 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim URY OCCUR? 1962 ta of in (my) (our) a Stoff Phys. URT ALL	RE FINDINGS COCAUSES OF DEA	19 G/ Deceured on the dot
MEDICAL CERTIFICATION MEDICAL CERTIFICATION OLIVERATE OF THE CATION OLIVERATE OF THE CATION AND THE CATION OLIVERATE OF	AN ISEASES OR ISEASES OR ISEASE OF THE SIGNIFIC OF THE DEA ISEASE OR CO A-DATE OF O A. ACCIDENT IS CONTRIBUTILE EATH (notify m D. TIME F INJURY PPROX.) I. I certify the at (I) (we) lo and hour and fi A. SIGNATURE C. PHYSICIANS	henio, etc. II means colion which coused trecedent caused	ony, giving sloting the ATED TO THE ATED T	B. PLACE OF INJURY (e.g. me, form, foctory, street, c.l.) E. INJURY OCCURRED hile At At Wo At W	20 A. AUTOPSY? (Yes or Not office bldg., INJURY OCCUR? 21 F. HOW DID INJury Occur? 22 D. Address 23 D. Address 23 D. Address 24 D. L	OP 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim URY OCCUR? 1962 ta of in (my) (our) a Stoff Phys. URT ALL	RE FINDINGS COCAUSES OF DEA	19 G/ Deceured on the dot
NOIL OF THE PROPERTY OF THE PR	AN SIGNATURE C. PHYSICIAMS AN ISEASES OR See To the NDERLYING OF THE DEAD OF THE CONTRIBUTION OF	henio, etc. II means colion which coused trecedent caused	ony, giving sloting the ATED TO THE ATED T	B. PLACE OF INJURY (e.g. me, form, foctory, street, c.) E. INJURY OCCURRED hile At Not Work At Work A	20 A. AUTOPSY? (Yes or Not office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	OP TAL	RE FINDINGS COCAUSES OF DEA	NATH? Noct locotion 19 6 7 Occurred on the dot Occurred on the d
MEDICAL CERTIFICATION MEDICAL CERTIFICATION To a series of the control of the c	AN ISEASES OR ISEASES OR ISEASES OR ISEASES OR ISEASE OR CO OTHE DEA ISEASE OR CO A. ACCIDENT R CONTRIBUTION EATH (notify m D. TIME FINJURY PPROX.) I. I certify th at (I) (we) lo and hour and fi A. SIGNATURE C. PHYSICIANS NAME (Type URIAL CREMA EMOVAL (Spe Burial	henio, etc. II means colion which coused trecedent caused	ony, giving stoling the ATED TO	B. PLACE OF INJURY (e.g. me, form, foctory, street, c.l.) E. INJURY OCCURRED hile At At Wo At W	20 A. AUTOPSY? (Yes or Not office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	OPPORT	RE FINDINGS COCAUSES OF DEA	NATH? Noct locotion 19 6 7 Occurred on the dot Occurred on the d



	0 3000	MORE CITY HEALTH DEPARTMENT		67 96
11	H NO. . CASE NO.	TIFICATE OF DEATH	Registered No	01 00
1. N	AME OF DECEASED OF Print) SIGNEY WILLIAMS	2. DATE	AND HOUR OF DEATH	
3.	LACE OF DEATH IN BAKTIMORE, MARYLAND	4. USUAL RESIDENCE (W. A. STATE B. CD	here deceased lived. If in	stitution: residence before a
	ULL NAME DF (If not in hospital or institution, give street	MARYLA	ND	
	DISPITAL OR oddress or locotion) NSTITUTION	C. CITY OR TOWN (IF	outside city limits, write F	RUIAL and give township)
	3/14 BRIGINON S	D. STREET ADDRESS	(If rural, give location)	10
	OO BALTO, Md.	3/14 101	RIGHTON S	A.
5. 5	6. RACE , 7. MARRIED, NEVER MAR	RIED B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Und Months: Doys Hours
1	MAIR NEGROID MARRIEC	1 12-24-97	67	
	. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OF BUS	1.1		12. CITIZEN OF WHAT COUNTRY?
12		MARYLAND)	U.S.A.
13.	FATHER'S NAME	4. MOTHER'S MAIDEN P	A	
1.5.	DANIE Williams Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	LOK	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY	NO.	1.11.	7.00
_	18.4 0 1	CAUSE OF DEATH	lilliams	SAME INTERVAL BETW
	DISEASE OR CONDITION DIRECTLY			ONSET AND D
	LEADING TO DEATH	Arterioscleratic	heart disease	e About Tye
	heart failure, osthenia, etc. It meons the disease,	DUE TD		, ,
	injury ar complication which coused death.) ANTECEDENT CAUSES	B)		
	DISEASES OR CONDITIONS, if any, giving	DUE TD		14 45
		C)		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			25 0 7
CAT	DISEASE OR CONDITION CAUSING IT. THE	LONALY EMBNYSEM		FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	No	IN CERTIFYING CA	USES OF DEATH?
O	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, focto	IJURY (e.g., in or about 21 C. WHERE DIC ry, street, office bldg., INJURY OCCUR	(If in Boltimore	City, give exact location)
CAL	DEATH (notily medical examiner) etc.)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCC	Not While	INJURY OCCUR?	
<	(APPRDX) While At Work	At Work		
	22. I certify that (I) (this hospital) attended the deceased	14	1852 10/0-	•
	that (I) (we) lost sow the deceased alive on 4	1	that in (my) (our) opi	nion deoth occurred or
	ond hour ond from the couses stoted obove. (1) (We) (did)	(did not) view the body ofter deat	h.	23B. DATE SIGNED
	00 0 11 100	M.D. Attending Med. Director	Stoff	1000
	23 C. PHYSICIAN'S	Phys. Director	Phys. 🗀	10-9-61
	NAME (Type)	M.D. 1610 AF No. H	h Am K	Caltura
24/	BURIAL CREMATION 248. DATE 24C. NAME OF CEME	14018 AA - 1404L	LOCATION (CI	ty, town, or county)
	Bupias 10-12-67 ARhudu	MEN. POON	Dobut	HARVAD.
25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECT	TOR II	ADDRESS
	ACT 10 1967 Robert E. Jal	KELSON FUNE	RAL HOME 1	348 CALHOU
VS	150-REV. 1/1/65		* *	

3114 BRighton St

Burr. 14

Hole Mickeld Hospital

Donie Williams

3114 BOGHTON S. 12-24-99 69

HENYLHA'B

BALTIMORE

Harmans

20-57-9729 Bisnes Williams Sume

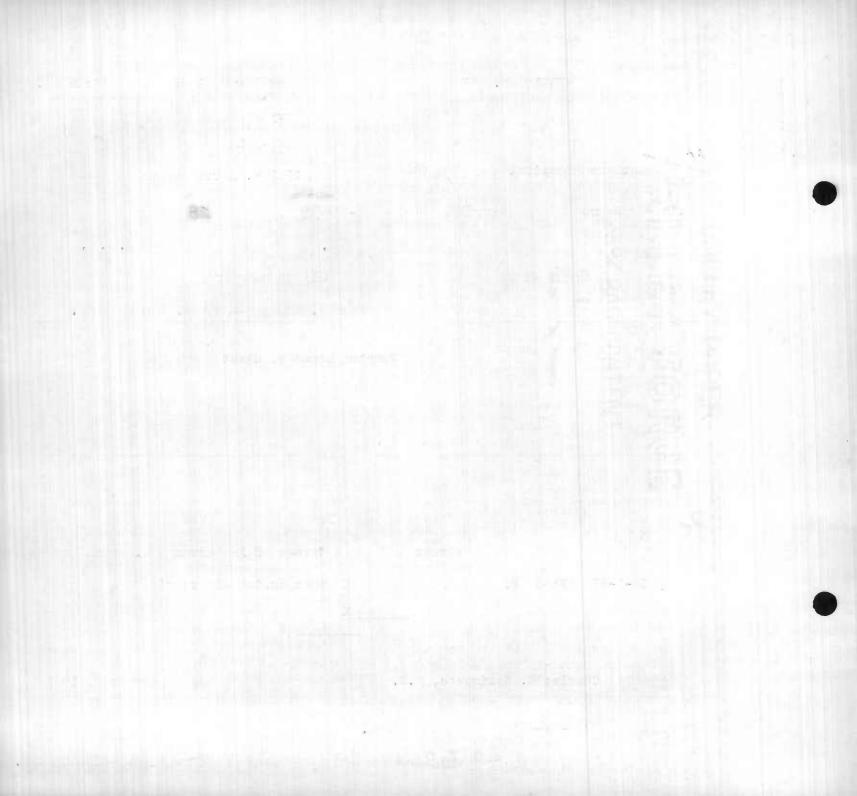
A 2 18

Busines is is a particulus Han Palace Alabartus, Himming

Kusan Kumatan dunk 1368 Canana 1888

67 9626 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

.,,		William Artico C	EKTITICATE OF I	JEM III Kogisi		
	7777 3.6	IZTATO				
					12:15 A. _{M.}	
IIMORE, MARTLAND, W	HERE PRONOL	INCED DEAD	A. STATE	B. CO	UNTY residence before admission)	
(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET			te RILBAL and give towarhin)	
ADDRESS OR LOCA	(IION)		15 0/			
					3 6	
Lutheran Hosp	ital	(DOA)		•	niie	
6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH			
Noare			2 10 20		Months Doys Hours Min.	
					12. CITIZEN OF	
working life, even if retired)				,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHAT COUNTRY?	
ΛE				E	0. D. A.	
Tohn	King		Ollow So	TO M		
D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	MACT	ADDRESS	
		SECURITY NO.	Mag I King	2737 TAT	North Are	
				2/3/ W.	INTERVAL BETWEEN	
LEADING TO DEATH	dying, e.g.,	(A)	nshot wound of c	hest	ONSET AND DEATH	
, osthenio, etc. It meons	the diseose,	DUE TO				
inpression which essee	00 011127					
		(B)				
E ABOVE CAUSE (A) S'		DUE TO				
NG CONDITION LAST.		(C)				
ll ll						
DEATH BUT NOT RE	LATED TO T					
	FORMED		Yes	IN CERTIFYING CAL	JSES OF DEATH?	
CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City,	give exact location)	
SE OF DEATH.	etc.)	street		Ashburton	& W. North Avenue	
(Month) (Doy) (Yeo) (Hout) 2	TE. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
10-7-67 11:5	5 P. W.	VHILE AT NOT	WHILE X Shot duri	ng altercat	ion	
tify that I held an I				is basis death to	my eninten	
					ner 🔛	
L (%)	.)	1			DATE SIGNED	
URE MAN	,	V /				
Type)					October 8, 1967	
MATION, 238 DATE	23	C. NAME of CEMETERY of	CREMATORY 23D. L	OCATION (City	y, town, or county) (Stote)	
10-12 BY HEALTH DEPT.	-67	Church Ce	24C. FUNERAL DIRECTOR	Roxboro,	North Carolina	
OCT 1 0 1967 (Rest	E, Farbuns	Kelson Fune	ral Home	1348 Calhoun St	
	Lutheran Hosp 6. RACE Negro UPATION (Give kind of working life, even if retired) ME JOHN ED EVER IN U.S. ARMED LUTHOUS, give wor or dote SE OR CONDITION DI LEADING TO DEATH not meon the mode of costhenio, etc. If meons mplicotion which coused ANTECEDENT CAUSE: OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITION S. DEATH BUT NOT REI R CONDITION CAUSING F OPERATION 19B. CON WAS PER LE CAUSE WAS STORY CONTRIB- ISE OF DEATH. (Month) (Doy) (Yeor 10-7-67 11:5 tify that I held an lifted fram: Natural could LURE LURE LURE MATION, 23B, DATE BY HEALTH DEPT.	WILLTE M. TIMORE, MARYLAND, WHERE PRONOCE (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION) Lutheran Hospital 6. RACE Negro UPATION (Give kind of work 10 B. KIND OF Working life, even if refired) AE JOHN King DEVER IN U.S. ARMED FORCES? (A) UIF yes, give wor or dotes of service) SE OR CONDITION DIRECTLY LEADING TO DEATH not meon the mode of dying, e.g., rosthenio, etc. It meons the disease, mplicotion which coused death.) ANTECEDENT CAUSES OR CONDITIONS, IF ANY, GIVING IE ABOVE CAUSE (A) STATING THE NG CONDITION LAST. II NIFICANT CONDITIONS CONTRIBUTING THE NG CONDITION CAUSING IT. FOPERATION 198. CONDITION FOR WAS PERFORMED WAS PERFORMED LE CAUSE WAS 199. CONDITION FOR WAS PERFORMED LE CAUSE WAS 190. (Month) (Doy) (Yeor) (Hour) 12 10-7-67 11:55 P	WILLIE M. KING TIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR INDUSTRY Working life, even if reitred) (IF NOT KING (IF NOT IN U.S. ARMED FORCES? (IF NOT KING (IF NOT KI	WILLIE M. KING Control	WILLIE M. KING Value Valu	



Downson

15/15/12

piniosle

. 50. 2.15

SHOW SHAFFIRM COLD 1824 Barber Dr

said they be the

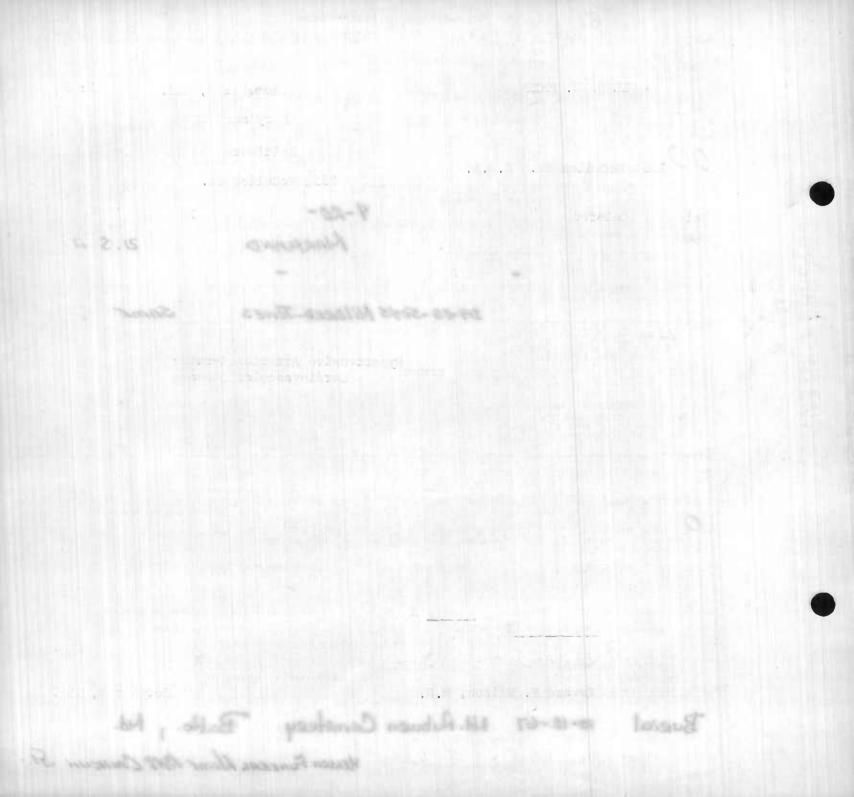
Burgial 10-8-67 P.H. Hubern Com. Butte Ha

Helper Francisco - Low Colour St.

67 9628 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9628

M.E	CASE NO.							
	NAME OF DECI	ASED				2. DATE AND HOUR PRONOU	NCED DEAD	
,,		WILSON H. MA	CK			October 8, 19	67	12:05 pm.
3. P		MORE, MARYLAND, V		NCED DEAD	4. USUAL RESID	October 8, 19 DENCE (Where deceased lived, If	institution: reside	dence before odmission)
HO	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC		TION, GIVE STREET		Maryland WN (if outside corporote limits,		nd give township)
6	2551	McCulloh S	t. D.O.	Α.		RESS (If rurol, give location)	10	0)
5. S	EX I	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	McCulloh St. 9. AGE (In ye	ors If Unde	1 Yr. If Under 24 Hrs.
М	ale	Colored	WIDOWED, E	OIVORCED (specify)	4-20-	10st birthdoy)	Months	Doys Hours Min.
		PATION (Give kind of wo orking life, even if retired)	k TOB. KIND OF	BUSINESS OR INDUSTR	1911. BIRTHPLACE	(State or foreign country)		EN OF COUNTRY?
13. F	ATHER'S NAMI		7-811		14. MOTHER'S N	AAIDEN NAME		
			>			-		
15. \ (Yes	NAS DECEASED	EVER IN U.S. ARME	o FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	S
				219-63-5043	MILDRED	JONES	SAME	-
CERTIFICATION	(This does not heart failure, injury or com AN DISEASES O RISE TO THE UN DERLYING OTHER SIGN TO THE E DISEASE OR	I E OR CONDITION D LEADING TO DEATI of meon the mode of osthenio, etc. If meon the mode of the coused of the couse	d i dying e.g., s the discose, deoth.) SS ANY, GIVING THE CONTRIBUTING TO THE	(A) HYPERINERS (B) DUE TO (C)		Arteriosclerotio		INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE OF	OPERATION 198. COI	NDITION FOR V	VHICH OPERATION	20A. AUTOPS	(Yes or No) 208, IF YES, WER IN CERTIFYING C		
4EDIC.	21A, EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	home, etc.)	form, foctory, street,	office bldg., INJUR	WHERE DID (If in Baltimore City Y OCCUR?	y, give exoct lo	ocotion)
	OF (NJURY (APPROX.)	(Month) (Doy) (Yes			WHILE 21F. H	OW DID INJURY OCCUR?		
		ER'S	ouses X A	Sulcident Sulcid	de Hamici CHIEF M	d that on this basis, death ide Undetermined ma EDICAL EXAMINER EDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER	onner	DATE SIGNED
REA	BURIAL CREM	10- 12	F. Wils	H. Auburn	or CREMATORY Cemete		City, town, or	county) (Stote)
24A	. DATE REC'D E	CT 1 0 1967		E, Farberna		FUNERAL Hame		ADDRESS DLHOUN S
VS	151-REV. 1/1/6			1 1	1) () ()	1 (1 1)		



BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Hornbaken October 8, 1967 CLARENCE HORNDAKER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR D. STREET ADDRESS (If rurol, give location) Franklin Square 3488 Dunhaven Rd. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Il Under 1 Yr. If Under 24 Hrs. Months , Doys , Hours , WIDO WED, DIVORCED (specify) Married White Male 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Mercersbana. Brush Factoriu 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Lewis H Hornbaker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT ADDRESS (Yes, no arunknown), (If yes, give war or dotes of service) SECURITY NO. 2-226 700 Mrs. Norma L. Hornbaker 3488 Dunhaven Rd 2 & Korean yes 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) DUE TO Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES MEDICAL 21 A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (If in Boltimare City, give exact location) hame, Iom, factory, street, affice bldg., NJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Month) (Day) (Yeor) (Hour) 21 E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK 22. Autapsy X I certify that I held an Inquiry ... Inspection and that on this basis, death in my opinion resulted from: Notural couses X Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Edward F. Wilson, M.D. October 9, 1967 23A, BURIAL CREMATION, 23C, NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Fairview (emetery Mercersburg, Penna 10=12-67

24C. FUNERAL DIRECTOR

Thomas J Kenny Inc. Balto Md

24A. DATE REC'D BY HEALTH DEPT.

24R NAME OF REGISTRAR

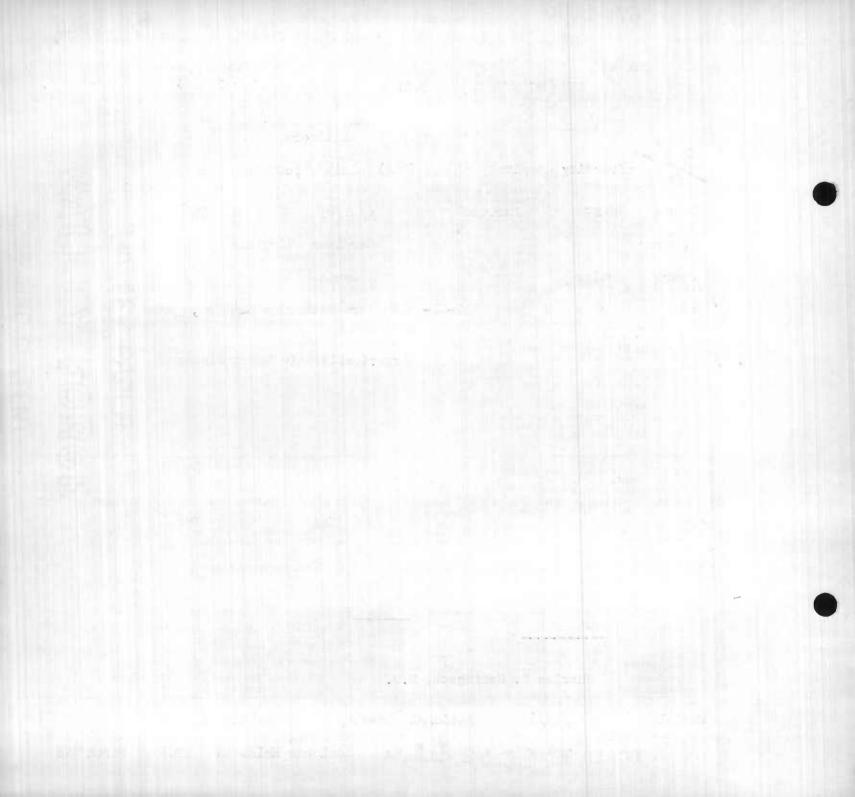
III TENED TO COLUMN District Colored Colored and a large of the colored Co 67 9630

67

9630

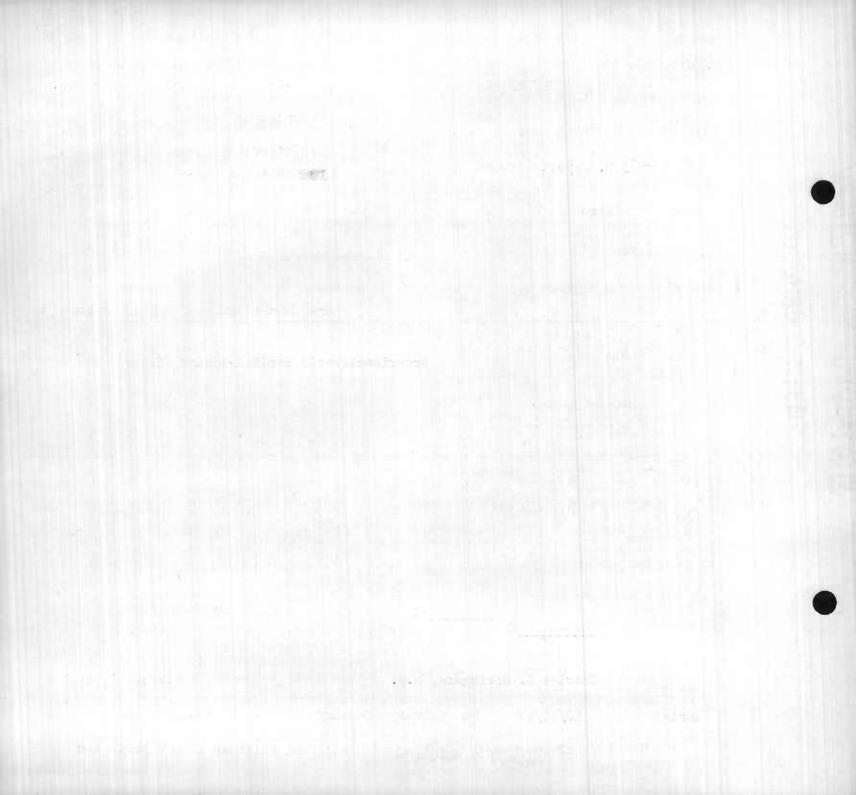
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	CEASED				2. DATE AND HOUR PRONOUN	CED DEAD
(Type or Print)		MC CUTTI	ER) Cutler		October 7, 1967	0 //
3. PLACE IN BALT	TIMORE MARYLAND, W			4. USUAL RESID	ENCE (Where deceased lived. If in B. CC	9:44 A. N
				A. STATE	B. CC	PUNTY
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	WN (If outside corporate limits, wr	ite RURAL and give township)
NSTITUTION	NEDWICSO ON LOOP			Baltim	ore	14-02
36				D STREET ADD	PESS (If must leave leave)	17-02
100	University Ho	spital	(DOA)	1413	McCulloh St	
5. SEX	6. RACE	17 AA APPIED	NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In years	If Under 1 Yr, If Under 24 Hr
		WIDO WED,	DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Male	Negro	Marr		6/22/95	72	
	UPATION (Give kind of worl working life, even if retired)	k TOB. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labore	r				Virginia	USA
3. FATHER'S NAM	ΛE			14. MOTHER'S M	AIDEN NAME	
Edward	Cutler			Sadie		
	D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT		ADDRESS
Yes	(If yes, give wor or dote		217-01-8816	Mrs Catl	herine Cutler . S	Same
18.	6 6		CAUSE	OF DEATH		INTERVAL BETWEEN
7-8	0101					ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH		A tracks			
(This does	not mean the made of	dvina e.a.	(A) Arte	riosciero	tic heart disease	
heart failure	, osthenio, etc. It meons mplication which caused	the disease,	DOE 10			
,.,						11 12 1 1 1 1 1 1
	ANTECEDENT CAUSE		(B)			
RISE TO TH	OR CONDITIONS, IF A	NY, GIVING	DUE TO	****************	• *** • * • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••
UNDERLYI	NG CONDITION LAST.					
Z			(C)	************************		· · · · · · · · · · · · · · · · · · ·
		CONTRIBUTIO				The second second
TO THE	DEATH BUT NOT RE					
DISEASE O	R CONDITION CAUSING		***************************************	000444400040044444444444		
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	
15/11				Yes	Yes	
✓ 21 A. EXTERNA O UNDERLYING	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	fice bldg. INTUR	WHERE DID (If in Boltimore City,	give exact location)
	SE OF DEATH.	etc.)	, 10111, 100101, 011001, 0			
E 21D TIME	(Month) (Doy) (Year	r) (Hour) 2	LE. INJURY OCCURRED	21F. HO	OW DID INJURY OCCUR?	
OF INJURY				WHILE		
		m. \	VORK AT W	ORK		
22.	tify that I held an I	nauiry 🗍	Inspection Aut	apsy X and	d that on this basis, death In	my anintan
- 10						
resul	Ited fram: Natural ca	uses X	Accident Suicide			ner
ACTUA	· (1)	1	1 1		EDICAL EXAMINER	DATE SIGNED
SIGNAT		Jidy	Tal M.D.	ASSISTANT M	EDICAL EXAMINER	
EXAMIN	NER'S Charle	s S. Spi				October 8, 1967
NAME (122	C. NAME of CEMETERY o	CREAMATORY	23D. LOCATION (Cit	ty, town, or county) (Stote)
REMOVAL (Specification)	.1					
murial	" 10/13,	/0/	National Co	emetry	Baltimore M	d
4A. DATE REC'D	BY HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
	OCT 1 0 1967	non 1	E. Farburns	Adolph	nus Halstead 120	6 W North AVe
	RG F A 1301	Hober) C, dates,		12 1	
VS 151-REV. 1/1/	/45			1		



VS 151-REV. 1/7/65

	67 9631	BALTIMORE CITY HEA	LTH DEPARTMEN	T		6.	7 5	3631
BIR	MEDICAL EX	AMINER'S C	ERTIFICAT	E OF	EATH Regi	stered Na		
-	E CASE NO.							
	NAME OF DECEASED ype ar Print)				HOUR PRONOU			
	AUGUSTUS BRO				per 8, 196			30 A. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD			deceased lived. If B. (COUNTY	idence be	etore odmission
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OR TOW	aryland	corporate limits,	write RURAL	ond give	to wnship)
	STITUTION		1				7-	02-
			D. STREET ADDR	altimore RESS (If rurol,				
	0 865 W. Fayette Street	t .	1132		lds Place			
5.		NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In year lost birthday)	ars If Unde		f Under 24 Hrs.
	Male Negro WIDOWED, I	OIVORCED (specify)			81	Months	Days	Hours Min.
10/	A. USUAL OCCUPATION (Give kind of work 108. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	State or foreign		12. CITI:	ZEN OF	
	ne during mast af warking life, even if retired)					WHA	S A	
13.	Unemployed FATHER'S NAME		14. MOTHER'S MA	AIDEN NAME			O A	
		2					?	
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT			ADDRES	S	
(Te	es, na orunknown) (If yes, give war ar dotes af service)	SECURITY NO.	Mrs	Mamie	Wilson,	865 W	Fayb	tem t
-	118.	CAUS	E OF DEATH		,			AL BETWEEN
								AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Artori	osclerotio	cardi	ovaccular	diense		
	(This does not mean the made of dying e.g., hear failure, as thenia, etc. It means the disease, injury ar complication which caused death.)	DUE TO	LV.D.G. 1.V. 1.V. 1. 1.V.	7SeSPA.M.A.N	Z.Y.G.D.C.M.A.G.L	.4.40.4.90		
	injoing of compression which coused desire.							
	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			••••			
	RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO						
z	UNDERLYING CONDITION LAST.	(C)						
CERTIFICATION	ll ll							
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
H	DISEASE OR CONDITION CAUSING IT.							
S	19A, DATE OF OPERATION 19B, CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY		208. IF YES, WERI			RED
		PLACE OF INTURY IS S	No No	HERE DID (If in Rollimore City	u sive event	lecation)	
EDICAL	UNDERLYING OR CONTRIB-	PLACE OF INJURY (e.g., farm, factory, street.	office bldg., INJURY	OCCUR?	it in bollmare Ony	, give exuci	000110117	
ME								
	OF INJURY	E. INJURY OCCURRED		DENI DID MC	RY OCCUR?			
	m. V	VHILE AT NOT	WHILE					
	22. I certify that I held an Inquiry	Inspection X Au	atapsy and	that on thi	s basis, death i	in my apinic	an	
		ccident Suicio			Indetermined ma			
	00000			EDICAL EX				
	ACTUAL (lend)	7=1	ASSISTANT ME				DAT	E SIGNED
	EXAMINER'S Charles S. Spr.		ASSOCIATE M			October	8, 1	L967
	A. BURIAL CREMATION, 238. DATE 236	C. NAME of CEMETERY		23 D. LO	CATIONCount	City, tawn, ar	county)	(State)
KE	May 1 (3) 10/14/67	Mt Calvary	Cemetry	A	A Count	ry Ma		
24	A A	OF REGISTRAR		AL DIRECTOR			ADDRESS	
	DCT 1 0 1067 O 0 8-	Q to P. M.	Adolp	nus Hal	stead 120	o W Nor	th Ay	ve



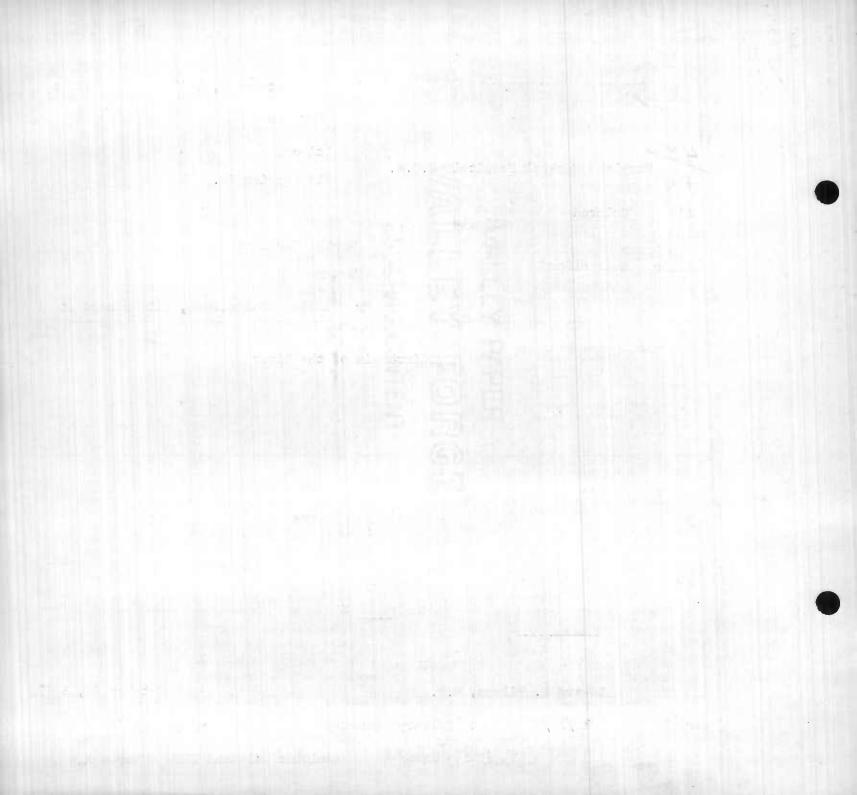
67 9632

BALTIMORE	CITY	HEALTH	DEPA	RTMFNT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

7	9632
	0000

BIRTH NO.	MILDI	ICAL L	MAMINALK 3 CI	LKIIIICA	IL OI	DLAITINEGIST	ereu 110		
M.E. CASE NO.	FASED			-	DATE AN	D HOUR PRONOUNG	CED DEAD		
(Type or Print)			(Shackelfo	rd)			LLD DEAD	0.25	
	V. ILBUR SA'I	CHELFOR		A. IISIIAI PESII		er 6, 1967	stitution: reside	9:35	
A TEACE III BACII	MONE MARIENTE, 11	TIERE TROTTO	on deb dend	A. STATE		B. CO	UNTY		
ULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET		ryland WN (If outsice	le corporate limits, wri	te RURAL one	d give townsh	nip)
NSTITUTION	ADDRESS ON EOOF	1110111					17-	11	
40				D. STREET ADD	more RESS (If rural	give location)	1/-	0/	
Ma	aryland Gener	cal Hosp	oital D.O.A.						
S. SEX/	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIR	B Tessie	9. AGE (In years	II Under	1 Yr. If Unde	r 24 H
		WIDOWED,	DIVORCED (specify)			lost birthdoyl	Months	Doys Hours	Min
Male	Colored		ETAL SHEESS OR INDUSTRY	11. RIPTHPLACE	(State or forei	42	12. CITIZE	N OF	1
	rorking life, even if retired)	TO SE POTENTIAL	ET SECTION OF HIS COUNTY				WHAT	COUNTRY?	
Labor B. FATHER'S NAM				North	Caroli		U S	A	
Willie	Shackelford	1			MAIDEN NAM				
			114 00 0141	Bertha			A D D D D D D D D D D D D D D D D D D D		
	O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	Mr Wil	110 01.		ADDRESS	hand O	
				Mr Will	rie pu	ackelford,	of orc	nara Si	6
18.	1.73		CAUSE	OF DEATH				INTERVAL BE	
DISEAS	E OR CONDITION DE		Cinnha	oic of th	00 117700				
(This does n	LEADING TO DEATH			sis of th	ne Liver	4 • 			
heart failure,	of mean the mode of asthenia, etc. It means application which caused	the diseose,	DUE TO						
	NTECEDENT CAUSE		(B)	••••••		*********			
RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S	TATING THE	DUE TO						
	IG CONDITION LAST.		(C)					0.00	
5	- 1								
OTHER SIGN TO THE DISEASE OR	VIFICANT CONDITIONS	CONTRIBUTI	NG						
DISEASE OF	DEATH BUT NOT RE		IME					***************************************	
19A. DATE OF			WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE F	INDINGS CO	NSIDERED	
O	WAS PER	FORMED			YES	IN CERTIFYING CAL	YES	VIII.	
21A, EXTERNAL UNDERLYING		218.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	(If in Boltimore City,	give exoct loc	cotion)	
UTING CAU		etc.)	e, ionii, iociory, sneel, c	mee siege, my or	I OCCOR:				
E 21D TIME	(Month) (Doy) (Yeo	r) (Hour) [21E. INJURY OCCURRED	21 F. H	IOW DID INJ	URY OCCUR?			
OF INJURY (APPROX.)			WHILE AT NOT	WHILE					
22,		m. \	WORK AT W	ORK L					
	ify that I held on I	nquiry	Inspection Aut	opsy X or	nd that on th	is bosis, deoth in	my opinion		
result	ted from: Notural co	uses X	Accident Suicid	e Homic	ide 🗌	Undetermined man	ner 🗌		
	2/	11	1-	CHIEF	EDICAL E	KAMINER .			
ACTUAL		3/1	2/11/4	ASSISTANT A				DATE SIG	SNED
SIGNATI		2 1 1	M.D.	ASSOCIATE					
EXAMIN NAME (1		Wiled	on M D	ASSOCIATE	MEDICALL	AAMIREK	Octobe	r 6 1	1967
3A. BURIAL CREA	MATION, 238. DATE	23	C. NAME OF CEMETERY O	CREMATORY	23D. 1	OCATION (Cit	y, town, or co		(Stote)
REMOVAL (Specify	10/10/	167	Mt Colmon	Cometan		A Count-	M		
Burial	BY HEALTH DEPT.	-	Mt Calvary OF REGISTRAR	Cemetry	RAL DIRECTO	A County	Md	DDRESS	
DAIL REC D									
	OCT 1 0 1967	Valve	6 E. Farbeyma	Ado.	Lphus Ha	alstead 1206	W Nor	th Ave	
VS 151-REV. 1/1/6	65 1					1			



VS 150-REV. 1/1/65

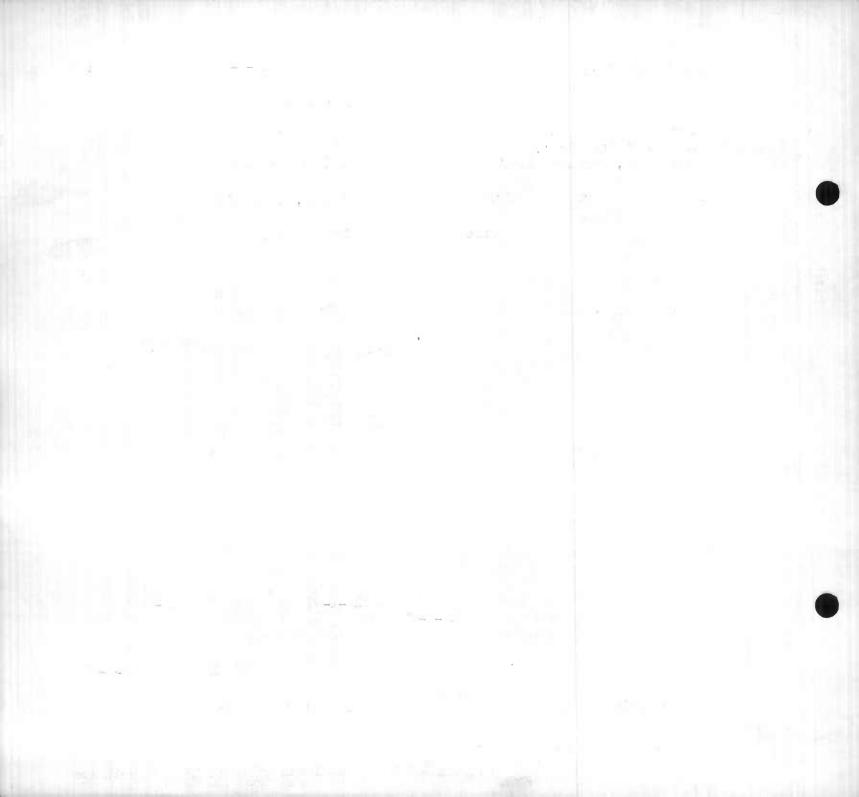


67 9634	BALTIMORE CITY HEALTH DEPARTMENT	67 9634
BIRTH NO.	CERTIFICATE OF DEATH Registered	
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) Cavley, Theo dov	2. DATE AND HOUR OF D	114/A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION Oddress or locotion) A A A A A A A A A A A A A A A A A A A		write RURAL and give township)
5. SEX 6. RACE 7. MARRIED, NE	VER MARRIED 8. DATE OF BIRTH 19. AGE (In year	s II Under 1 Yr. , If Under 24 Hr.
M N WIDOWED, DI	DIVORCED (specify) 6/22/14 lost birthdow	s II Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of working life, even if retired)	ISINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
John L Carter	14. MOTHER'S MAIDEN NAME Savan ?	Canknown)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost.	Blooding Esophyrel (B) (C) (C) (C)	Live!
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
OR CONTRIBUTING CAUSE OF DEATH (notify medical example)	Shunt year	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exact location
	JURY OCCURRED 21F. HOW DID INJURY OCCUR?	1.10
22. I certify that (I) (this hospital) attended the dithat (I) (ve) lost sow the deceased alive on		r) opinion deoth occurred on the do
ond your ond from the couses stored gbox (1)	7	238, DATE SIGNED
PHYSIDIAN'S NAME (Type)	M.D. Attending Med. Director Phys.	21/9/6/
JEFREY STIEL, MY	M.D. U of Md HSP	Betto. Md (City, town, or county) (Stote)



TE OF DEATH Registered N	0
2. DATE AND HOUR OF DEA	
10-8-67	f institution; residence before
A. STATE B. COUNTY	1 1 1t
Maryland	14-0
C. CITY OR TOWN (If outside city limits, wri	te RURAL ond give township)
Baltimore D. STREET ADDRESS (If rurol, give locotion)	
B. DATE OF BIRTH 9. AGE (In years	
tost birthdoy)	If Under 1 Yr, If Under Months Doys Hours
July 5, 1891 76 11. BIRTHPLACE (State or foreign country)	
11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
South Carolina	USA
14. MOTHER'S MAIDEN NAME	
17. INFORMANT	ADDRESS
Chart	
F DEATH	ONSET AND D
ebro-Vascular accid	dont
www - v evenue cocco	
	1110

	••••••••••••••••••••••••••••••••••••••
NO 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MO	
n or obout 21 C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?	nore City, give exact location
21 F. HOW DID INJURY OCCUR?	
e	
10-1-67 19 10	10 0 /0 1
	Tombub/
	opinian awarn occurred ar
riew the body after death.	DAR DATE CIONES
ending Med - Sull -	23 B. DATE SIGNED
s. Med. Stoff Phys. X	10-8-67
23D. ADDRESS	
1514 Division Street	
EMATORY 24D. LOCATION	(City, town, or county)
Doltimos	Md on
	re Md
	emetry Baltimon 25c. FUNERAL DIRECTOR Adolphus Halstead 120



IMPORTAN

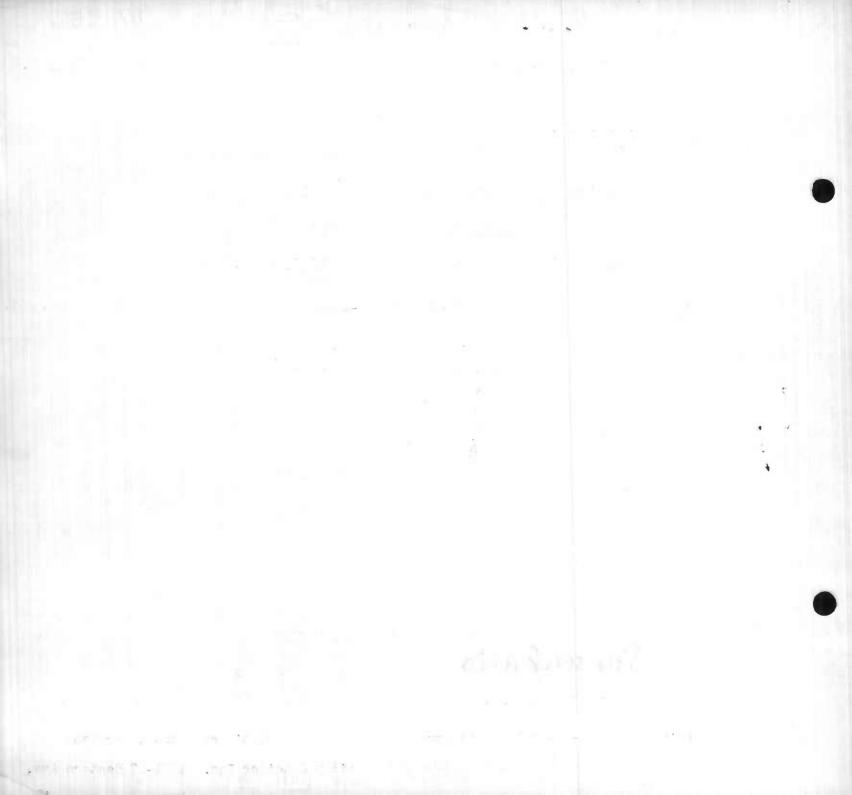
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

10/1/20

M.E	TH NO.	10	0000		TE OF DEATH	Registered Na	67 9637
1, N	De or Print)	EASED			2. DATE A	ND HOUR OF DEATH	
		Brien Ja	mes Richar	nd	0c	tober 5, 1	967 7:15 P.M
3. F	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WH A. STATE B. COU	ere deceased lived. If NTY	institution: residence before odmission)
-	FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospital oddress or locatio	or institution, give stre n)	et	Maryland		RURAL and give township)
1	U	J.S.P.H.S. Baltimore,			Baltimore D. STREET ADDRESS (1)	f rural, give location)	,
0	10				1622 Thames	s Street	
5. S	Male	white	7. MARRIED, NEVER WIDOWED, DIVO Marri	RCED (specify)	B. DATE OF BIRTH Mar-8-1914	9. AGE (In years lost birthdoy) 53	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
			108. KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
done		vorking life, even it retired)	6 6		01 .		WHAT COUNTRY?
3.	Seamar FATHERS NAM		Seafari	ng	Ohio	A A A F	USA
		F. O'Brie				M. Burden	
5. Yes	Was Deceased s, no or unknown	Ever in U. S. Armed For	ces?	CIAL BURITY NO.	17. INFORMANT		ADDRESS
7	No			<u>1</u> -10-476	Beconds -	HISPHS HOS	pital, Balto., Mo
_	1B	5 V I	> 1		F DEATH	051115 1103	INTERVAL BETWEEN
	-	E OR CONDITION DI	RECTLY &				ONSET AND DEATH
		LEADING TO DEATH	2-1	S (A) ACU	te pulmonary	edema	hour
		ol mean the mode of		DUE TOCH	te aspiration	of gastr	ric
		asthenio, etc. It meons plication which caused		_	tents	01 640 01	hour
	1	ANTECEDENT CAUSES		(B)			110 01
			A. V	▼ DUE TO			
	rise to the	R CONDITIONS, if above cause (A)	stating the	1. (C)			
	UNDERLYING	CONDITION last.	3	Tin Tin			
NOI		II FICANT CONDITIONS CEATH BUT NOT RELA		Mild	fatty liver		weeks
A		CONDITION CAUSING				1 N 000	
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER	FORMED	OPERATION	Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
0	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examiner	21 B. PLACE home, form, etc.)	OF INJURY (e.g., i	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?		re City, give exact location)
-	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJUR	OCCURRED	21F. HOW DID IN	JURY OCCUR?	
ME	(APPROX.)		While At	Not Whi			
			Work L	→ At Work			
					Sep-27	19 6 7 ta OC	2t-5 19.67
	that (N (we)	last saw the decease	ed alive an	Oct-5	19 67 and t	hat in Knoy) (aur) ap	inian death accurred an the da
	and hour and	fram the causes sta	ted abave. (103/We)	(did) (did/sease)	view the bady after death		
	23A. SIGNATU		^	() PECESTED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	238. DATE SIGNED
		Hreel	CALITA	M.D. Att	ending Med.	Stolf Phys.	10-6-67
	23C. PHYSICIA	D 1/11 2010	E MAD	Phy	23D. ADDRESS	Phys. L5	
	NAME (T)	(pe)					
	Seana	Hirschfeld	, M.D.	M.D.	USPHS Hos	pital, Bal	timore, Md.
4 A	REMOVAL (S	MATION, 248. DATE	24C. NAME of	CEMETERY of CR	EMATORY 24D.	LOCATION	City, town, or county) (State)
	Burial	10-10-1	.967 Oak	Leun	De	Itimore Com	nty, Maryland
			July Car	TANALITY.	D	TATHIOLD COM	HUY MALVIANO
25A	. DATE REC'D.	BY HEALTH DEPT.	25B. NAME OF REGIS	STRAR	25C. FUNERAL DIRECTO	R	ADDRESS
?5A	. DATE REC'D	OCT 1 0 1967	Pour E	Farber M.	Lilly & Zeil	R	Ol-07 Eastern Avo.



BALTIMORE CITY HEALTH DEPARTMENT

Just 1st Back

Later management vi-total a management within the contract of the contract of

		TY HEALTH DEPARTMENT		OM	0000
(IRTH NO. 67	9639 CERTIFICA	ATE OF DEATH	Registered No.	0/	9639
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH		
(Type or Printly	2.1-	10/9	127	117	50 D
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whee	e deceased lived. If insti	tution: residenc	e before admission
		A. STATE B. COUN	TY		
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	ution, give street	Mary Jana			
INSTITUTION		C. CITY OR JOWN (IF out	side city limits, write RU	RAL	township)
Johns Hopkins H	espital	Baltimo	re	0-	06
33	O .	D. STREET ADDRESS (IF	rural, give lacation)		1011-
30		1917 La	rayette	9	THUE.
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED		9. AGE (In/years lost birthday)	If Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min.
Jale Nesseo	larried	3/10/10	4-7		
10A. USUAL OCCUPATION (Give And of work 108, KI		RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN O	
done during most of working life, even if retired)		18/1-61	4/80	WHAT CO	UNIKT?
13: FATHER'S NAME		Mackell	THE Y.C.		
		14. MOTHER'S MAIDEN NAM	1) 11	*Aug	
dlaved Ite	ek	Celee-	Latters	M	
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown! (II yes, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 . 11 .	ADDR	ESS
1	JECORITI NO.	Cathin M	ach ele in	1917	16.710
18.4 2 0	CAUSE	OF DEATH	ex pries	INITED	AK BETWEEN
7 00 01/1	CAUSE	OF BEATH	,		AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	N	1 vacandia	17. Con	7:	1 /.
(This does not mean the mode of dying,	e.g., DUE TO	1 y ucasa 19	1 Lnsaid	11011	in
hearl failure, asthenia, etc. It means the dis		1 0 1	0 0	100	
injury or camplication which caused death.)	In Pal	Vernscherater	(and ones	Wa De	01-0
ANTECEDENT CAUSES	DUE TO				Ve have a second
DISEASES OR CONDITIONS, if ony,		•			
rise to the obove cause (A) stoling UNDERLYING CONDITION last.	the (C)	***************************************	0.0000000000000000000000000000000000000		
l l					
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes gi No	208. IF YES, WERE FIN	IDINGS CONS	IDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED)	ges.	IN CERTIFYING CAUS	ES OF DEATH	?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.	in or about 21C. WHERE DID	(If in Boltimore	City, give exoc	t location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, larm, factory, street, etc.)	office bldg., INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJ	Hay Occups		
OF INJURY	While At Not W		ORY OCCUR!		
(APPROX)	Work At Wo			,	
22. I certify that (I) (this hospital) atten	ded the deceased from	10/8/	19 67 10 16	7/9	1967
that (I) (we) lost sow the deceased alive	10/0	19.6.7. ond the		on death acc	
			or arrange the property	an death occ	orred on the date
and hour and from the causes stated abo	ve (I) (we) (did) (did not)	view the body ofter death.	1.		150
23A. SIGNATURE		ttonding (T)		38. DATE SIGN	1, -
1112 Pinale	M.D. A	hys. Med. Director	Stoff Phy s	10/9	10/
23C PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 1	11	
Alberth Fine	=in) The M.E	. Vohuc H	mok INO	Har	onito 1
24A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY of C	REMATORY 24D. LO	OCATION (City,	lawn, or coun	(State)
REMOVAL (Specify)	al + hi	10.1	7/1	222	7
1211111 10/15 167	Moulus Men	V Tark /	stritus	Mick	
25A. DATE REC'D BY HEALTH DEPT. 25B, N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	911	AL	DORESS
1 × 0 1301 (160)	et E. tarbey M. B.	Mulo 1.0	Suker 11	24711	Una Com SI
V\$ 150-REV, 1/1/65		77 2			- Andrews

The Veget Harried synth 37 Contract of the second Denid Dries Ochie Latterin Myssachial Interior no. All other Energies is The Hard as the It and a self-mark of the con-

M.E. CASE NO.		2 DATE AND	HOUR OF DEATH		
(Type or Print)	- C D	10/6	11.7	1 9:10	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution; residence before	A. M.
		A. STATE B. COUNT	Υ		
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	MANY LAND			
INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write l	RURAL and give townshi	p)
University Hospital		PA/timore		6-6	1
70		- 1 · 1	orol, give location)		
_ 3 8		1081 Ellico			
5. SEX 6. RACE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	. AGE (In years ost birthdoy)	If Under 1 Yr. If Ur Months Doys Hours	nder 24 Hrs. Min.
MALL HEGRA		Sept 25/896	71		
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BUTHPLA CE Store or foreig	n country)	12. CITIZEN OF WHAT COUNTRY	?
· Mach	-Alfitical)	Harright	County	ms.	-1211
13. FATHER'S NAME	()	14. MOTHER'S MAIDEN NAM	IE 1	yru.	
100 - D)	0 10 0	4	1 89		
15. Was Deceased Ever in U. S. Armed For	or colly	17 MEDRALANI	u. vor	Rey	
(Yes no or unknown) (If yes, give wor or dote	s of service) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	0
7/10-		Toldie L	Oceans 1	081 Elles	Il in
1B. 170X	CAUSE C	F DEATH	1	INTERVAL BET	
DISEASE OR CONDITION DIS	RECTLY		0	ONSET AND	DEATH
LEADING TO DEATH	(A) ON	Warteti a	adein	1 u	lon
(This does not meon the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO	4.1.	The B	+	
injury or complication which coused		wewoman of	- Leave	1	
ANTECEDENT CAUSES	(B)DUE TO				
DISEASES OR CONDITIONS, if					
rise to the obove couse (A)					
UNDERLYING CONDITION lost.					
Z OTHER SIGNIFICANT CONDITIONS OF	ONTRIBUTING				17-44
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE				
DISEASE OR CONDITION CAUSING I	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES WEDE	FINDINGS CONSIDERED	
E 6/2 4/67 WAS PER	FORMED B	1//	IN CERTIFYING CAL	USES OF DEATH?	
19A. DATE OF OPERATION 19B. CON WAS PERIOD 21A ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location	20)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?	in volumore	, way, give exoct tocome	MIT .
0					
OF INJURY (Month) (Doy) (Yeor)		21F. HOW DID INJU	RY OCCUR?		- 1
(APPROX.)	While At Work At Work	le Communication of the commun			
22. I certify that (1) (this hospital	attended the deceased fram	10) to		19
that (1) (we) last saw the decease	d alive on	19and tha	+ in(my) (aux) a=1:	nion death annual	on also dese
			A COUT, OPI	1) 1	on the date
and haur and fram the causes state	ed abave. (I) (we) (did) did not)	view the body after death.	urrur	DUT	
23A. SIGNATURE	0.0	ending - AA-A - C	itelf -	23 B. DATE SIGNED	
Klord B. Mya	ndel M.D. All Phy	s. Director	hys.	10/6/67	
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	100	(1)	./
Lloyd B. M.	nd+/ M.D.	UNIVERSITY Ho	sp.tx - 13	Alterious bl	10,
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY / 24D. LO	CATION (Ci	ty, town, or county)	(Stote)
REMOVAL (Specify)	1 d hint St	ascend /	b. 11/	1 m./	, 5.5167
TRUPIEL XITTI	of Mil Inego	14 4.M2 d (1)	orcould	6.11la.	
25A. DATE REC'D TO HANTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	2/1-1	ADDRESS	1 -
- 0 1001	Robert E. Farbares	Milter	· VILLOUN	11.24 11.64	4 Hari
			La Company		Cont. B

the second second ATTE AND THE REAL PROPERTY. Cateral) 1 250 140 Marie Training

23 D. LOCATION

24C. FUNERAL DIRECTOR

(City, town, ar county)

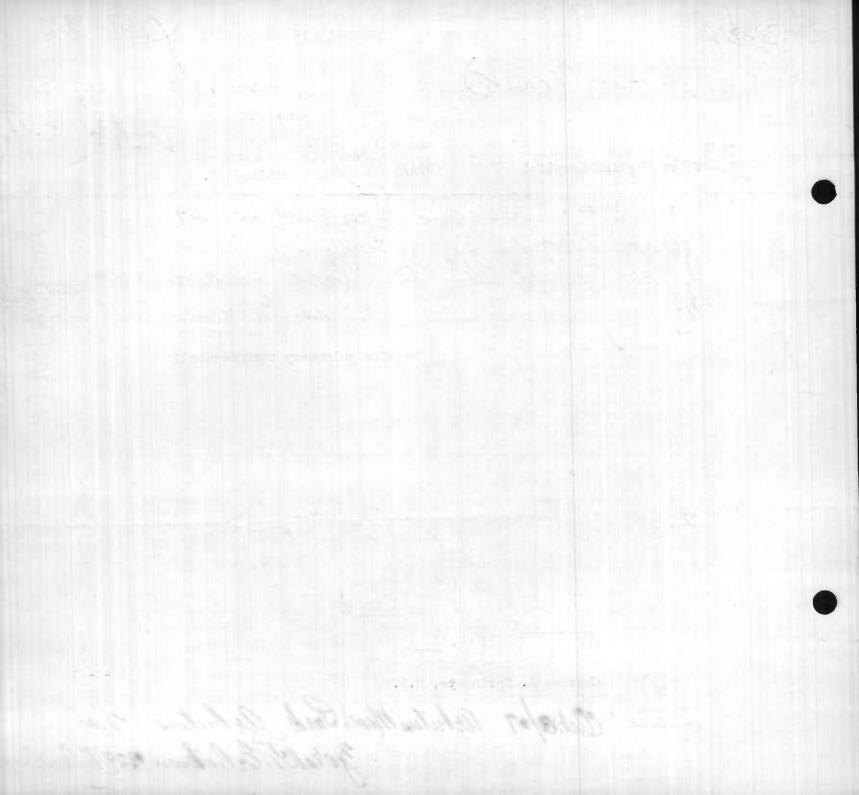
ADDRESS

23B, DATE

24B, NAME OF REGISTRAR

REMOVAD (Specify)

VS 151-REV. 1/1/65



1	-1			1	-
0		9		Ŋ	
	D +	9	the	Joh	
	D 0	0	_	S	
	D J	ec	0	÷	
	Sp		ce	eat	
	h	3	da	D	
	0 5	Se	en	0	
	.= 5	מת	+	0	-
	ed	Р	_	P	9
	5.4	ine	F	P	000
	200	E	eg	156	2
	4	10	-	ce	2
	ad T	nd		de	4
	0	2	000	91	20
-	-	4	>	Ŧ	ic D
Z	בס	þ	ath	0	7
E	ist	. T	de	ce	20
Ö	9:	\ h	P	dan	3 4
P	is	4	nce	enc	7
2	Ale	0	00	att	e m
•••	-	. 5	0	-	100
O	in a	00.	0	5	2
5	O L	4	ho	eg	0
E	X O X	3)	3	_	L
FUNERAL DIRECTOR: IMPORTANT	0		ian	S	, uni
-	di di	rns	Sic	₩ Q	200
Z	TI O	bu	hy	2	0
ш	ief	þ	9	ij	94
Z	ho,	Bo	÷	1YS	0
T.	he	2	are.	1	29
	7	6	v h	ž	4
	Post	5	+	9	200
	ove h	n	69	P	100
	T de	'n	(ex	9	5
	4	of	-	3 ;	9
	be	t	pit	100	104
	UST	de	105	P	8
	E	CCI	0	10	100
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also if the direct or contribution same of death	2	to	rioir	written approval must be obtained before the remains are embalmed or final disposition is made
	ific	A	Y.	4	SPE
	Pri-		0	Sec	o uc
	SC	× ×	S	e d	1110
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also if the direct or contribution cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased D.	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	N.

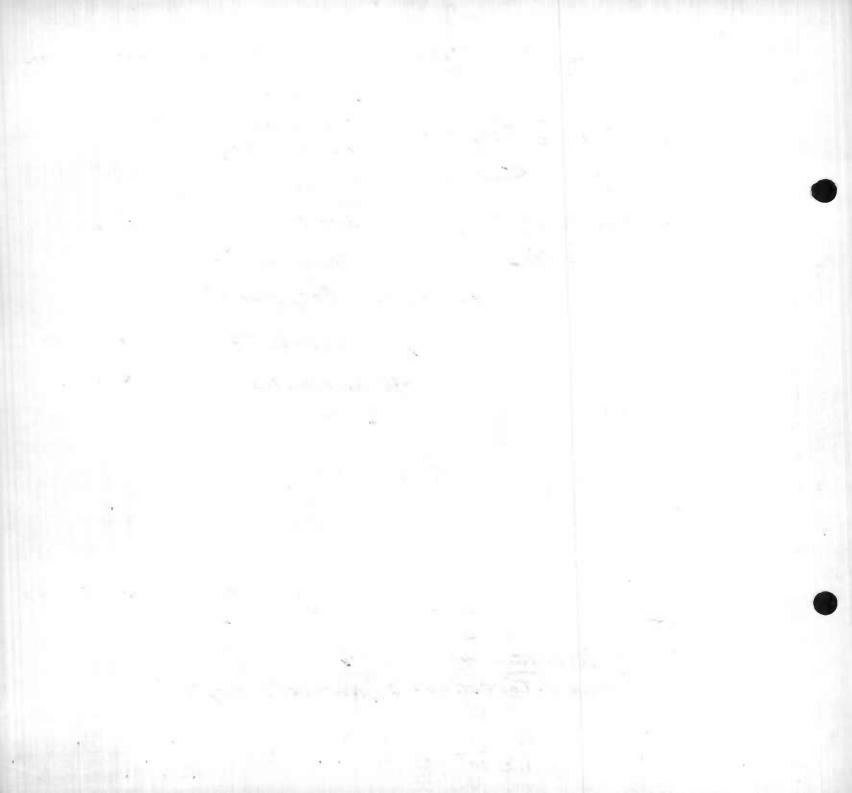
07 0	DAD BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00 40
BIRTH NO. 67 9	CERTIFICA	ATE OF DEATH	Registered Na	67 9642
M.E. CASE NO.	QERTIT TO			
Type or Print) Jordan, Isad	0	October	HOUR OF DEATH	, 2'15 A
B. PLACE OF DEATH IN BALTIMORE MARYLAND	Gra			stitution: residence before admissi
TEACL OF BEATH IN BALLIMONS, MARIENIE		A. STATE B. COUNT	Belt mors	stitution; residence before damiss
FULL NAME OF (If not in hospital or institut	Md. 4/4/ B	parman Ho	2115	
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)			
0 . 11 .//				
SINAI Hospital		4/01 BOAT	man av	e
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	II Under 1 Yr. If Under 24 Months Doys Hours Mi
E N WIDE	WED, DIVORCED (specify)	12/17/00 10	st birthdoyl	Months Doys Hours Mil
OA. USUAL OCCUPATION (Give kind of work 108. KIN	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF
one during most of working life, even if retired)		South Ca.	oliva	WHAT COUNTRY?
Gellatrus				U.S. 17.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	_	
Alex Mannes	N	(Mannie	The son	AUDRESS
Wes Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0	ADDRESS
es, no or unknown) (If yes, give wor of dates of servi	SECURITY NO.	France 1	h./.	
120	CAUCE	OF DEATH	Mari	/
18. hop 201/1	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	4	sachbie mes in	21 .~	481
(This does not mean the made of dying,	(A) 10	postatic pneumi	n/a	Tonours
heart foilure, osthenio, etc. It means the dise	ase.			
injury or complication which caused death.)	111	ocarclia (Tufan	-600	
ANTECEDENT CAUSES	DUE TO	accidia 1 4 4 1000	1000	
DISEASES OR CONDITIONS, if ony, gi	ving			
rise to the obove cause (A) stoting UNDERLYING CONDITION lost.	the (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING A			
E TO THE DEATH BUT NOT RELATED TO	THE Peline	Mass		
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?
J 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e. a.	in or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, lactory, street,	office bldg., INJURY OCCUR?		/1 griv unvei tuusiiviii
2				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work At Work	k		
22. I certify that (1) (this hospital) attend			67 to OC.	F. 9 196
	ach c		***************************************	
that (I) (we) last saw the deceased alive	WII		in(my) (aur) opi	nian death accurred on the
and haur and from the causes stated abov	e. (I) (We (did) (did not)	view the bady ofter death.		
23A SIGNATURE				238, DATE SIGNED
Keetand J. Ban		ttending Med. S birector P	tafl hy s.	Oct. 9,1762
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	7			
	M,D			
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24	C. NAME of CEMETERY OF C	REMATORY 24D. LOI	CATION	ty, town, or county) (Stat
13 111 in Mach 5/67	MIL Calme	1/0	10 /300	w.T. one
5A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	U CFU	ADDRESS
OCT 1 0 1967 (R.O.	a * a //	Dur. 101.66	7 /	1901/11/11
	TO C' MONDEDINA	106del 1.60,64	checkil 11	V-1 11,6600 0
'S 150-REV. 1/1/65				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was rejeased to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
assistant if the di ny kind; ed death dance on or final di
r. Also, ture of a ronounce or attended outside of a steel of a steel outside of a steel outside of a steel outside of a steel outside
examine examine 3) A fract who provided in regula
chief medical of a medical of Body burns; (street physician ysician was in the remains
ed by the hospital by ature; (2) at where pt where (6) No ph ined befor
e approved to the last of any natal (excepts); and the obtains
s rejease accident t a hospi or to dea
This certificate must be a the body was rejeased to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be
This the show was decomed

FUNERAL DIRECTOR: IMPORTANT

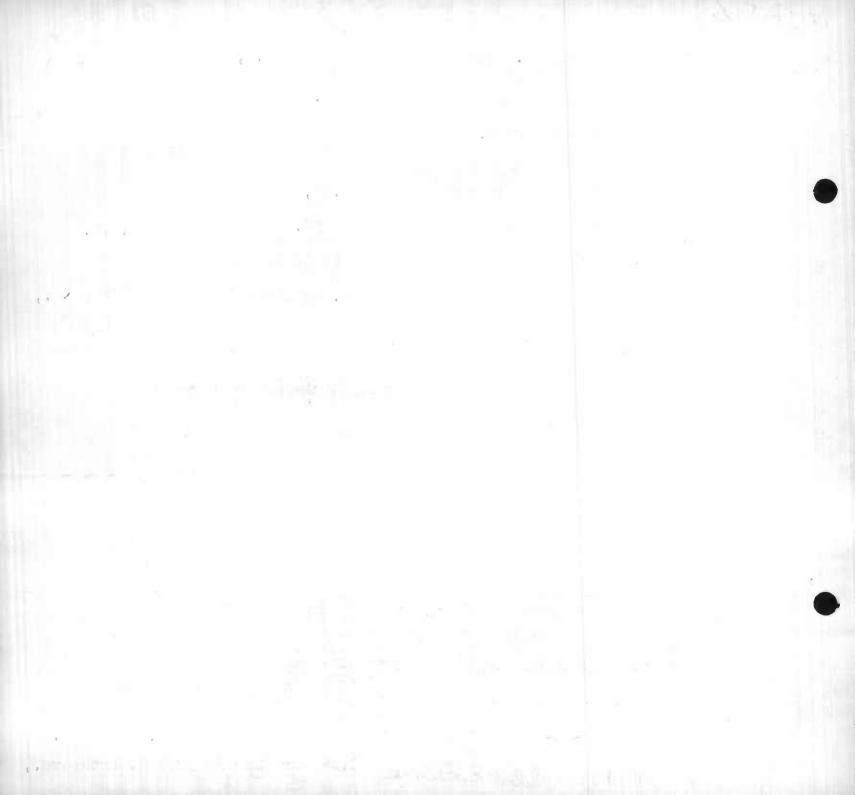
SIRTH NO.	67 96	43 CERTIFIC	ATE OF DEATH	Registered Na.	67 9643	
M.E. CASE NO. 1. NAME OF DECEASED (Type of Print)		lollitte	2. DATI	AND HOUR OF DEATH	1967 12:300	
B. PLACE OF DEATH IN BALTIMOR	spitol or institution		4. USUAL RESIDENCE (A. STATE B. C C. CIW OR TOWN D. STREET ADDRESS	Where deceased lived. Il in OUNTY	nstitution; residence before admission	
5. SEX 6. RACE	7. AARTE	D. NEVER MARRIED FED. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
ida, USUAL OCCUPATION (Give kind done during 1973) of working life, even it re	lired) S	OF BUSINESS OR INDUST TEAMSHIP COMPANY	RY 11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?	
A. Victor Va	lliffe		Sanah	A Carrier	Name of the latest and the latest an	
15. Was Deceased Ever in U. S. Arm (Yes, no ar unknown) (If yes, give war	ed Forces? or dates of service	16. SOCIAL SECURITY NO. 5-2/5-09/92	17. INFORMANT	tal Char	ADDRESS	
DISEASE OR CONDITION LEADING TO DE	ATH	(A) Allo	OF DEATH	ral the combos	INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mo heart failure, astheria, etc. It i injury or complication which c ANTECEDENT CA	neans the diseas aused death,)	g., DUE TO	henos clenos		Xears -	
DISEASES OR CONDITIONS rise to the above couse UNDERLYING CONDITION to	(A) slaling It	ng				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO	NG Pheur	mone.		300	
U 19A. DATE OF OPERATION 19B	CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBUTING CAUSE O	F h	1 B. PLACE OF INJURY (e.g ome, lorm, foctory, street, tc.)	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?			
21D. TIME (Month) (Doy) OF INJURY (APPROX.)	\	Not Work				
22. I certify that (I) (this hat the condition of the con	ceosed olive or	aut. 9	19 67 on	d that in (my) (our) opi	nion deoth occurred on the c	
ond hour and from the couse 23A. SIGNATURE			Attending Med. Director 23D. ADDRESS		23B. DATE SIGNED	
24A. BURIAL CREMATION, 24B. DA REMOVAL (Specify) Burial 10/		NAME of CEMETERY of C			ity, town, or county) (State	
25A. DATE REC'D BY HEALTH DEPT	25B. NAM	Baltimore No	25C. FUNERAL DIRECT	Baltimore,	Co. 4905 York I	
'S 150-REV. 1/1/65	WINDY -	5 / 6	0066	Balto 12	EIU	

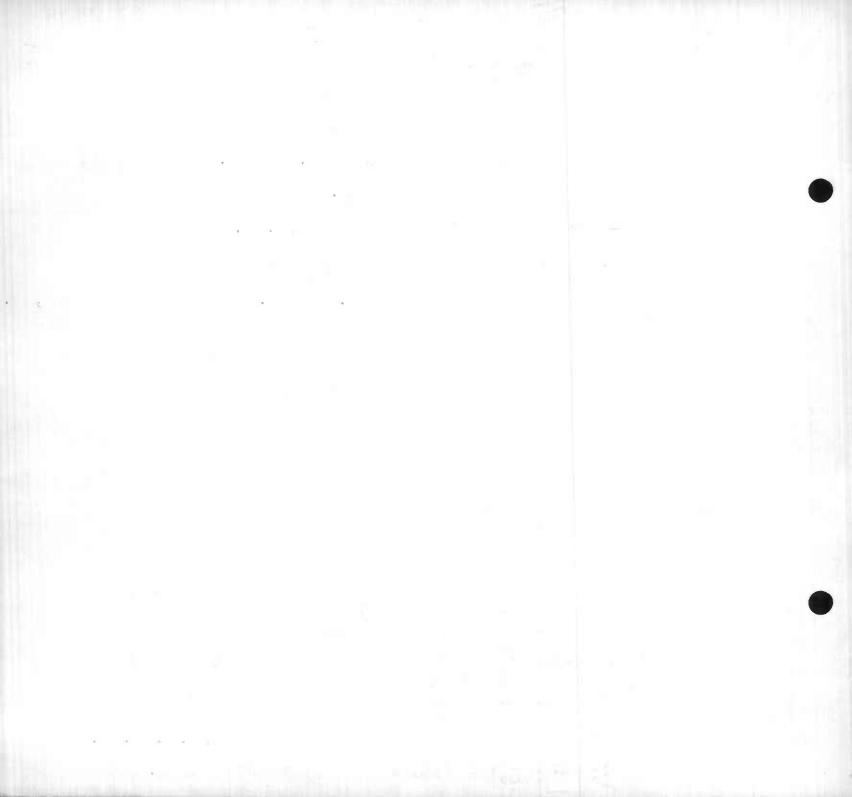


IMPORTANT

DIRECTOR:

FUNERAL





4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) (If outside city limits, write RURA) and bive township If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? Elnora Frazer | Born: Nebraska) ADDRESS #18 220-52-6448 Mrs. Nellie S. Becker, 2439 Maryland Av. ONSET AND DEATH 10 days generalized arteriosclerosis several yrs. year 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death occurred on the date 238, DATE SIGNED 10-9-67 deceased (City, town, or county) 21234 Md. 3 Stewart & Mowen Co. 108 W. North Av., City VS 150-REV. 1/1/65

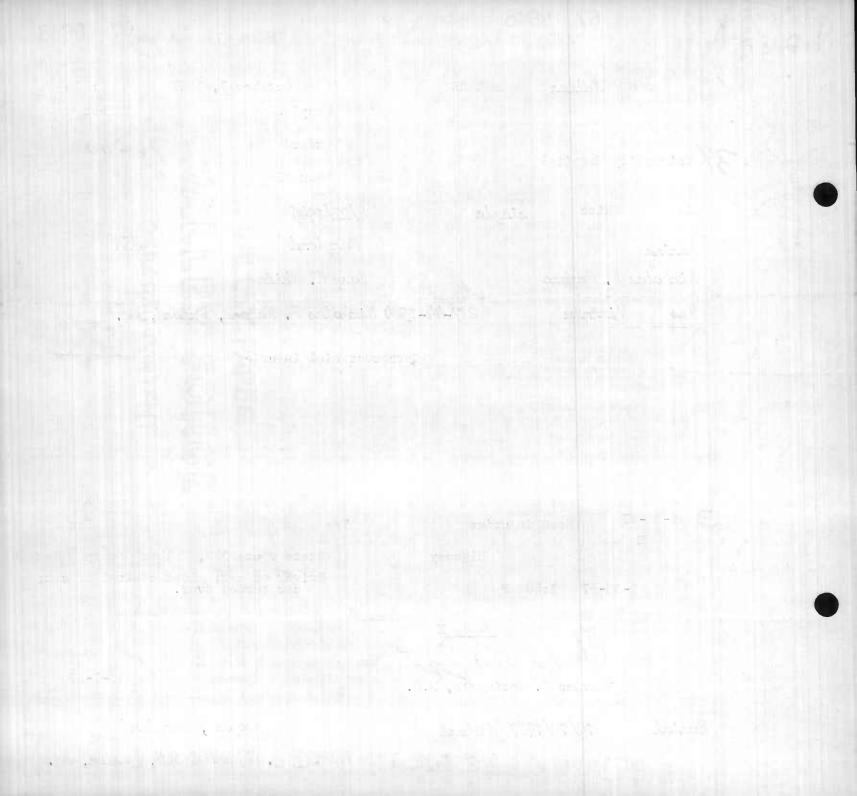
BALTIMORE CITY HEALTH DEPARTMENT

J. D. Hay 1833

	TH NO.	67.	9647. CERTIFICA	TE OF DEATH Registered No	67 9647
1.1	E CASE NO. NAME OF DE pe or Print)	CEASED	Sylvia K.	October 8, 1967	
3.	PLACE OF D	EATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceosed lived, If A. STATE B. COUNTY	institution: residence before admission
1	FULL NAME HOSPITAL OR INSTITUTION	Veterans Admi	inistration Hospital ven Blvd.	Maryland Harford C. CITY OR TOWN Of outside city limits, write Aberdeen D. STREET ADDRESS (If rurel, give location)	e RURAL and give township)
2	1/	Baltimore, Ma	aryland 21218	106 Law Street	
103	emale	6. RACE White CUPATION (Give kind of world working life, even il retired)	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married 108. KIND OF BUSINESS OR INDUSTRY	8/21/04 9. AGE (In years lost birthday) 63 11. BIRTHPLACE (State or foreign country)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	Housewi		House	Wisconsin	U.S.A.
	FATHERS NA	Steward		14. MOTHERS MAIDEN NAME Sarah Curtis	
(Ye	Was Decease s, no or unknow Yes	d Ever in U. S. Armed For yn) (If yes, give wor or dote 2-10-43 to 1	s of service) SECURITY NO.	17. INFORMANT Records VAH, Baltimore, Md. 21218	ADDRESS
	(This does	ASE OR CONDITION DIF LEADING TO DEATH not meen the mode of , osthenio, etc. 1) meens mplicotion which coused	dying, e.g., DUE TO	E Pancreatitis, pyloric ruction & Duodenal ulcer	INTERVAL BETWEEN ONSET AND DEATH
ATION	DISEASES nise to the triangle of trian				
RTIFICA		OF OPERATION 198, CON WAS PER	DITION FOR WHICH OPERATION	NO 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CER	21 A. ACCID OR CONTRIE DEATH (noti	ore City, give exact locotion)			
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED While At Not While At Work Not While At Work		
	that (M. (we	when I	view the bady after death. 19 67 to Oct 19 67 to Oct (aur) a view the bady after death. Stoff Phys. 223D. ADDRESS	pinian death occurred an the do	
244	NAME	chard J. Owel: EMATION, 248. DATE (Specify)	Len M.D. 24C. NAME of CEMETERY OF CR	3900 Loch Raven Blvd., Balt	City, town, or county) (Stote)
25A		D BY HEALTH DEPT	25B. NAME OF REGISTRAR	25C. FUNETLA DIA COME Tarring Funeral Home	les St. ADDRESS

25 6, 7 7 1.1 a season of the ato to establish of a The state of the second sections refujeres les tractions demotion, the to survey home

BIRTH NO.		ICAL EX	KAMINER'S C	ERTIFICAT	E OF DEA	TH Register	red Na.	9648
M.E. CASE NO.				To			20.00	
1. NAME OF D	444 4	NT.	17 A DE		DATE AND HOL			20 4
	JOHN Walter		AZARE	NA HISHAL BESIDEN	October		8:3	
FULL NAME OF				A. STATE Mary	Land		Talbut	0,
HOSPITAL OR	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	N (If outside corpo	rote limits, write	RURAL ond give	township)
()				0xfo	rd		70-00	-
Unive	rsity Hospita	1		D. STREET ADDRE	SS (If rurol, give le	ocotion)	-	
0				Box	154			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years t birthdoy)	If Under 1 Yr. If	Under 24 Hrs
Male	White	sing		8/22/194	6	21	Months, Doys	Hours Min.
IOA, USUAL OC	CUPATION (Give kind of wor of working life, even if retired)	KIOR KIND O	F BUSINESS OR INDUSTR	A	ote or foreign coun	try)	12. CITIZEN OF	NTRY?
Marin 3. FATHER'S N				Marylan	d		USA	
3. FATHER'S NA	AME			14. MOTHER'S MAI			-14	
Nicko.	las F. Nazare			Mary K.	White			
5. WAS DECEA	SED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
Yes.	Vietnam	es of service	217-44-1584	Nickolas	F. Nazare	, Oxford	d, Md.	
18.	2004			OF DEATH			INTERV	AL BETWEEN
UN DERLY	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST,	TATING THE	(C)					endrá é a Cinna d Cinna a presedrá Cald
P TO THE	IGNIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO	NG THE					
19A. DATE	OF OPERATION 198. COM	NDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. 11			RED
24	U-0/ Head	d injuri	es	Yes		RTIFYING CAUS	7	Zes
21 A. EXTERN	AL CAUSE WAS GLOR CONTRIB-	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C. Wh	TERE DID (If in B.	oltimore City, giv	ve exact location)	
UTING CA	AUSE OF DEATH.	etc.)	Highway		te route			70-0
Z 21D TIME	(Month) (Doy) (Yea	or) (Hour)	11 E INJURY OCCURRED	21 F. HO.	W DID INJURY O	CUR?	oot country	10-0
OF INJURY (APPROX.)				WHILE Dri	ver of car car turned	r; lost	control c	of car;
	ertify that I held an	Inquiry 🗌	Inspection Au		that on this bas	•	, .	
res	sulted from: Natural ca	uses	Accident X Suicid	e Hamicide	Undete	ermined manne	er 🗌	
	(1)	1	1 - 1	CHIEF ME	DICAL EXAMIN	ER _	217	E CICNED
ACTU	ATURE CUN	2).	- Fredun	ASSISTANT ME	DICAL EXAMIN	ER X	DAI	ESIGNED
EXAM	INED'S	S. Sprin	ngate, M.D.	ASSOCIATE ME			10-7-	67
23A. BURIAL C	REMATION, 23B. DATE		C. NAME OF CEMETERY	CREMATORY	23D. LOCATIO	ON (City,	town, or county)	(Stote)
Burial	10/10/	1967 (Oxford		Oxfo	nd, Mary	yland	
24A. DATE REC	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C, FUNERAL	DIRECTOR		ADDRESS	
	OCT 1 0 1967	R. C. F	2. Falloma	MURIC	E E. NEWA	AM & SO	V, Easton	, Md.
V\$ 151-REV. 1/	1/65	19.00	0 7 10 3	0 0	0 3			



IMPORTANT

DIRECTOR:

FUNERAL

MERCETED

FENNIE WAITE

HOUSEWIFE

210

LEWIS PITTER

BUTIMORE

2118 N.CHWERT JT.

02-15-25 42

Mc VA.

ERMIN CHANEY

repair choole

Browstern

10-9

ET GEDOSH

BOALS - I was I have Meaning from the

BIRTH NO.

and

hospital

8

occurred

IMPORTANT

DIRECTOR:

FUNERAL

chief medical

the

approved

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na.

If Under 24 Hrs.

Hours

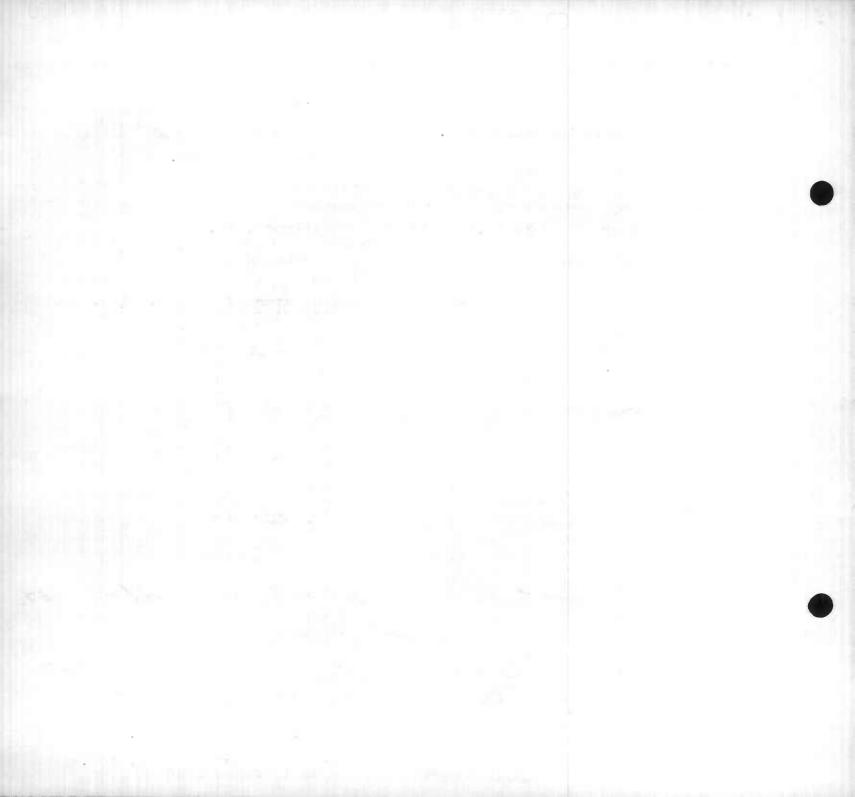
WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

(Stote)

ADDRESS



a segment of the second The Brownian of the of 3/23/1909 Ge yes A GI WARREN maybe - 2many they he the stores down The same of heart The major the state of the stat Commence of There ... 1/4 14 20/10/6 I dies my

IMPORTANT

FUNERAL DIRECTOR:

202233200000

conflict of how in men

67 9653 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 9653

	CASE NO.									
1. N	e or Print)		ETTAN T	22			HOUR PRONOUNC	0 50 1		
2 91	ACE IN BALT	W.L.		EE	Ha themal per		er 8, 1967	2:50 A. _{M.}		
3. FI	ACE IN BALI	IIMORE MARILAND,	WHERE PRONOL	JNCED DEAD			B. COU	itution: residence before odmission)		
	L NAME OF	(IF NOT IN HOSE	TAL OR INSTITU	JTION, GIVE STREET		laryland	carnarate limite write	RURAL and give township)		
	PITAL OR	ADDRESS OR LO	CATION		O. Citt Ok 1	O TOTAL CIT COLLING	corpordie unitys, with	NORTH ON GIVE TOWNSHIP		
	00					altimore		() Common		
(106	15 Ensor St	reet			DRESS (If rurol,				
5. SI		6. RACE		NEWER AN ARRIED	B. DATE OF BI	15 Ensor				
			WIDO WED,	NEVER MARRIED DIVORCED (specify)			9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		
	Male	Negro	SING	BUSINESS OR INDUSTRY	10-30	-1902	64			
IOA. done	during most of v	UPATION (Give kind of www.working life, even if refired	ork 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
	La.60	ren		el Co.	Nor	the Cars	DIINA	71.S.A.		
13. F	ATHER'S NAN	A E			14. MOTHER'S	MAIDEN NAME				
	ZLNKA	VOWN			ZINKI	NOWN				
15. V	AS DECEASE	D EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMAN			ADDRESS		
,	NA	, m y ou, give wo, o, o	0,000	Ole N. Hool	Muse D.	win Me	Ka 102	ac and c.		
1	B. 11 000	A 0		CAUSE	OF DEATH	MICHIC	Buffy193	INTERVAL BETWEEN		
	T	W 1 W 1						ONSET AND DEATH		
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY TH	Δrt	erioscle	rotic he	art disease			
	(This does r	not meon the mode osthenio, etc. It med	of dying, e.g.,	DUE TO	CITOSCIC	TOCIC IIC	art arscase	***************************************		
	injury or cor	mplication which couse	d deoth.)							
		ANTECEDENT CAU	242							
		OR CONDITIONS, IF		(B)						
	RISE TO TH	E ABOVE CAUSE (A)	STATING THE	002.10						
Z				(C)			•••••			
음		11								
ان		NIFICANT CONDITION DEATH BUT NOT								
뜯		R CONDITION CAUSI		U.C.	***************************************	***************************************				
CERTIFICATION	9A. DATE OF	OPERATION 198, CO	ERFORMED	WHICH OPERATION	20 A. AUTOP		208. IF YES, WERE FILL	NDINGS CONSIDERED		
	0				No					
O	JNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. home	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21 C. office bldg., INJU	WHERE DID (If in Boltimore City, gi	ve exact location)		
	JTING L CAU	SE OF DEATH.	etc.)							
14	ID TIME	(Month) (Doy) (Y	eoil (Hour) 2	1E. INJURY OCCURRED	21 F.	HOW DID INJU	RY OCCUR?			
	OF INJURY (APPROX.)		y	VHILE AT NOT	WHILE					
1	22.		m. l v	VORK L AT W	OKK [
	cert	tify that I held an	Inquiry	Inspection X Aut	apsy	ind that on thi	s basis, deoth in m	ny opinian		
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner									
		an 1	111	1	CHIEF	MEDICAL EX	AMINER .	5.75 5161155		
	SIGNAT		wind.	21/ 40	ASSISTANT	MEDICAL EX	AMINER X	DATE SIGNED		
	EXAMIN		es S Smr	ingate, M.D.				tober 8, 1967		
	NAME (Type)	es o. opr	Ingate, n.D.				Lober 8, 1907		
23A.	BURIAL CREA	MATION, 238, DATE	23	C. NAME of CEMETERY o	CREMATORY	23 D. LC	CATION (City,	town, or county) (State)		
KEIVI	OVAL (Specify	1 20.40	1-10 1	AL D	10.00	, D	1. 1	- M		
24A.	DATE REC'D	BY HEALTH DEPT.	24B NAME	OF REGISTRAR	N CM ES	ERAL DIRECTOR	Utimore	ADDRESS		
							2 101 1	- 1.		
		DOT 1 0 1067	120 G	E Farbuns	Kaud	stoke Lite	ollick 243	3/E. Olive		

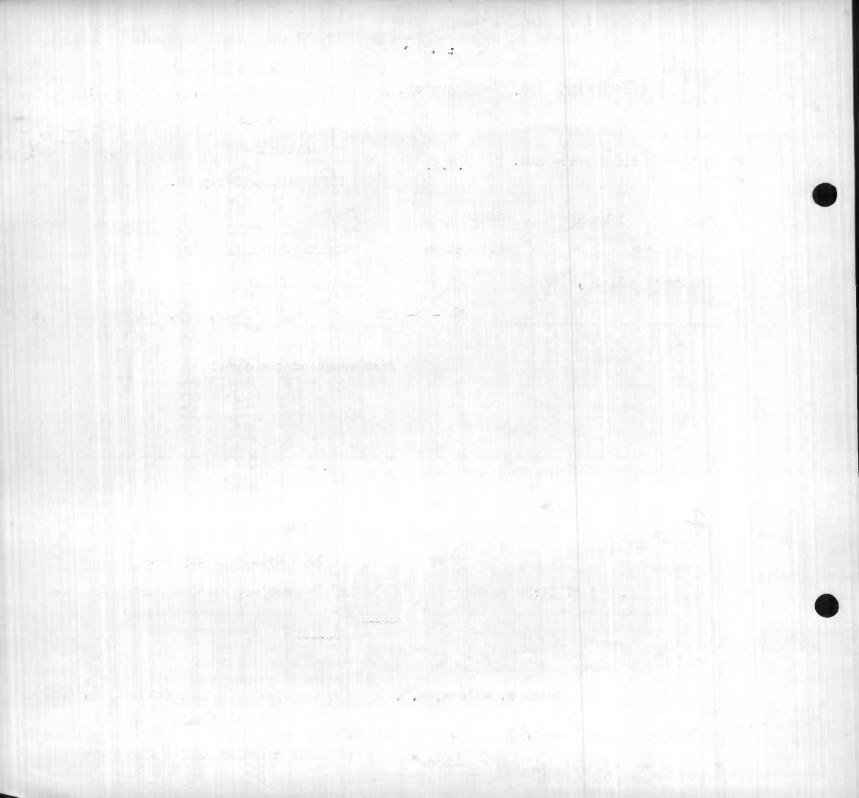


96.54 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Box BIRTH NO. M.F. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Marshall October 5, 1967 | 11:50 p M.

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)

B. COUNTY RICHARD ALLEN JR. (Marsh
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryaland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give towaship) Baltimore 2300 Hollins Ferry Road D. STREET ADDRESS (If rurol, give location) D.O.A. 2300 Hollins Ferry Rd. 9. AGE (In years lost birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr, If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Doys, Hours, Min. Single 3/10/20 Colored 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Construction Raleigh North Carolina 13. FATHER'S NAME Richard Allen Tates 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 6. SOCIAL 17. INFORMAN (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. 244-26-6932 Bessie Tate, 425, Richmond Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stab wound of the chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg, INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS (If in Boltimore City, give exact location) O UNDERLYING TOR CONTRIB-Home 2300 Hollins Ferry Rd. 21 D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Yeor) (Hour) OF INJURY 5 67 11:30 pm. WHILE AT NOT WHILE X (APPROX.) Subject stabbed during argument 22. I certify that I held an Inquiry Inspection Autopsy X ond that on this bosis, death In my opinion resulted from: Notural causes Accident Suicide Hamleide X Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Edward F. Wilson M.D.
ATE 23C. NAME of CEMETERY of CREMATORY 1967 October 6. 23A, BURIAL CREMATION, 23B. DATE 23D. LOCATION (City, town, or county) REMOVAL (Specify) County Md Burial 10/10/67 Mt Calvary Comet TV Adolphus Halstead 1205 W North Ave

VS 151-REV, 1/1/65



HOUSEWISE 13. FATHERS NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? It 6. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT Elmer Thomas, 833 N. Caroline SECURITY NO. 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart foliar, e.g., injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION Tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSES OF DEATH OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF HEALTH OF THE DEATH BUT NOT RELATED TO	7.
5. SEX 6. BACE 17. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE the years 18. Long to the control of th	
TABLE TO A USUAL OCCUPATION (Give kind of weak look, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WOS Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode old dying, e.g., heart foilure, eathering, eld, injury or complication which caused dooth, injury or complication which caused Main and the course (A) stating the UNDERLYING CONDITION lost. 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 11. DISEASES OR CONDITION lost. 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 12. DISEASES OR CONDITION IN SECONDITION WAS PERFORMED 13. FLACE OF INJURY (e.g., in or about 20.2., where the place of the course (A) stating the UNDERLYING CONDITION was PERFORMED 14. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 15. FLACE OF INJURY (e.g., in or about 21.2., where the place of the course of t	1 Yr. If Doys Hou
Baltimore, Maryland	
13. FATHERS NAME	EN OF
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT Elmer Thomas, 833 N. Caroline 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart folius, estheria, etc. It means the disease, injury or complication which caused death). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION lost. 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 12. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT. 13. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT. 14. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT. 15. DISEASE OR CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 16. SOCIAL (A) TO THE PLATE OF DEATH (A) DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 16. SOCIAL (A) DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 17. INFORMANT (A) ELMINO THE THOMAS, 833 N. Caroline INITION (B) TO THE MAN OF THE CONDITION CONTRIBUTING TO THE CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT. (C) DISEASE OR CONDITION CAUSING IT. 17. INFORMANT (A) ELMINO THE THOMAS, 833 N. Caroline INITION (B) TO THE MAN OF THE CONTRIBUTION TO THE CONTRIBUTI	
Texture of unknown (If yes, give war or dotes of service) SECURITY NO.	
No SECURITY NO.	ADDRESS
SEASE OR CONDITION DIRECTLY LEADING TO DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, ostheria, elc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION to stating the UNDERLYING CONDITION to stating the UNDERLYING CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSES OF DEAT (Indifference of the control o	NTERVAL E
LEADING TO DEATH (This does not meon like mode of dying, e.g., heart follow) and the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION to It. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CAUSES OF CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER DEATH MAS UNDERLYING WAS EXPORATED WAS PERFORMED CONTRIBUTING CAUSE OF DEATH Contributing CAUSE OF DEATH Contributing CAUSE OF DEATH Contributing Canadian Contributing Causes of DEATH Contributing Canadian Contributing Con	ONSET AN
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DEATH (No.) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (no.) 21A. ACCIDENT WAS UNDERLYING WAS UNDERLYING CAUSE OF DEATH (no.) 21A. ACCIDENT WAS UNDERLYING WAS UNDERLYING WAS UNDEATH (NO.) 21A. ACCI	,,
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTION (notify	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Death (notify medical examiner)	CONSIDERE EATH?
21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this hospital) attended the deceased fram	exact loca
22. I certify that (I) (this hospital) attended the deceased fram 19 to 19 to 19 that (I) (we) last saw the deceased olive an 19 and that in (my) (our) apinion death of and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE S 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 24B. DATE 19 23D. ADDRESS NAME (Specify) 24B. DATE 2 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Ibwn, of Company)	
that (I) (we) last saw the deceased olive an	16-
and haur and from the causes stated abave. (I) (We) (did not) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. 10 23C. PHYSICIAN'S NAME (Type) Phys. 23D. ADDRESS NAME (Type) Attending Med. Director Phys. 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, PARTIES (City, lown, of the property of CREMATORY) 24A. BURIAL CREMATION, PARTIES (City, lown, of the parties) 24B. DATE S 24C. NAME of CREMATORY (24D. LOCATION)	
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (City, Ibwn, of Education) 24D. LOCATION (City, Ibwn, of Education)	OCCUFFE
23C. PHYSICIAN'S NAME (Type) FOR ALIA Director Phys. 23D. ADDRESS M.D. 24A. BURIAL CREMATION, 24B. DATE 10 12 17 24C. NAME OF CREMATORY 10 12 17 18 18 18 18 18 18 18 18 18 18 18 18 18	SIGNED
23C. PHYSICIAN'S NAME (Type) # 23D. ADDRESS NAME (Type) # 24D. DATE 24A. BURIAL CREMATION, PARTIE PROPERTY OF CREMATORY 24A. BURIAL CREMATION, PARTIE	19/6;
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREMATORY 24D. LOCATION (City, lown, of Education)	2.7
TO COUNTY PARTY OF THE PARTY OF	THE WAY
Burial C1-9/6/2 Baltimore National	county)
25A. DATE REC'D DE HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	COMMY

43-3	3-58	TN
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	

1, N	LUCAS, ROBERT	2. DATE AND HOUR OF DEATH	7 18:20 A.
1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR NSTITUTION BALLTIMORE CITY HOSPITALS	4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write)	
	3 / 4940 EASTERN AVENUE BAITIMORE, MARYLAND 21224	BALT IMORE D. STREET ADDRESS (If rurol, give location) 701 PORTLAND AVENUE	21230
5. 5	TALE A RACE TO ARRIED, NEVER MARRIED, NEVER MARRIED SINGLE USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR I	3-15-89 lost binhdoyi	If Under 1 Yr, If Under 24 Months Doys Hours Mir
don	e during most of working life, even if retired)	VIRGINIA	U.S.A.
13.	FATHERS NAME ARIE LUCAS	14. MOTHER'S MAIDEN NAME HAZEL	
15. (Yes	Was Decessed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY !	BCH: RECORDS 4940 EASTERN	ADDRESS N AVENUE 21224
	LEADING TO DEATH	CHRONIC OPSTRUCTIVE PULNONARY CHRONIC OPSTRUCTIVE PULNONARY LEPTO DISEASE	INTERVAL BETWEEN ONSET AND DEATH
	injury or camplication which caused death.)		
ATION	injury or camplication which caused death.)	ASHTD	
CERTIFIC	injury or camplication which caused death.) ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the (C) UNDERLYING CONDITION tast. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 17. 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21B-PLACE OF INJ OR CONTRIBUTING CAUSE OF home, form, foctory, focto	ASHTD ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? YES e City, give exact location)
ICAL CERTIFIC	Injury or camplication which caused death.) ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION to the UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION AS PERFORMED 21A. ACCIDENT WAS UNDERLYING 10R CONTRIBUTING 10R CONTRIBUTING 10R CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU White At Work	ASHTO ION 20A. AUTOPSY? (Yes or No.) VES URY(e.g., in or obout 21C. WHERE DID , street, office bldg., INJURY OCCUR? IRRED 21F. HOW DID INJURY OCCUR? Not While At Work	IEO
ICAL CERTIFIC	Injury or camplication which caused death.) ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Doy) (Year) (Hour)	ASHTO ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA URY(e.g., in or obout 21C. WHERE DID (If in Baltimare, street, office bldg., INJURY OCCUR? Not While 21F. HOW DID INJURY OCCUR? Not While 41 Work 41 Work 42 PREVIOUS96 44 Option of that in(my) () opi	PTEMPLE 19
ICAL CERTIFIC	Injury or camplication which caused death.) ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU White At Work 22. I certify that (I) (this haspital) attended the deceased of that (I) (we) last sow the deceased alive on NOT ond hour and from the causes stated above. (I) (We) (did) (c) 23A. SIGNATURE	ASHTO ASHTO ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA YES URY(e.g., in or obout 21C. WHERE DID , street, office bldg., INJURY OCCUR? (If in Baltimore (IF IND DID INJURY OCCUR? Not While At Work At Work Ond that in(my) () opi Jid act) view the body after death. M.D. Attending Phys. Med. Director Phys.	TED
MEDICAL CERTIFIC	Injury or camplication which caused death.) ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU While At Work 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU While At Work 22. I certify that (I) (this haspital) attended the deceased of that (I) (we) last sow the deceased above. (I) (We) (did) (did) (did).	ASHTO ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA URY(e.g., in or obout 21C. WHERE DID (If in Baltimark, street, office bldg., INJURY OCCUR? (If in Baltimark, street, office bldg.,	PTEMPER 19 nian death occurred on the



my	0	53	Por	1-4
/	4	n	-	1
	0	12	9	- W

ADDRESS

	67 9	3657 BALTIMORE CITY HEA			OF ORE		
BIRTH NO.	MED	CAL EXAMINER'S	CERTIFICATE	OF DEATH Registe	ered No. 67 9657		
M.E. CASE NO.							
1. NAME OF DE	CEASED		2.	DATE AND HOUR PRONOUNCE			
Trype or ring	Unknown			CAugust 22, 19	67 8:51 p		
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDEN	CE(Where deceased lived, If ins B. CO	stitution: residence before admissio UNTY		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)				
South B	altimore Gene	ral Hospital	D. STREET ADDRES	S (If rurol, give lootion)	00-00		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 H Months, Days Haurs Min		
10A. USUAL OCC		OB, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sta	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME				

INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar Pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

17. INFORMANT

CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING k Cirrhosis of the liver TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED

(C)...

16. SO CIAL

SECURITY NO.

IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED YES YES 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS (If in Boltimore City, give exact lacation) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

ED 21D TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE

m. WORK 22. Autopsy X ond that on this bosis, death in my opinion I certify that I held on Inquiry Inspection Suicide Homicide Undetermined monner resulted from: Notural couses Accident

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE.

ASSOCIATE MEDICAL EXAMINER October 6, 1967

NAME (Type) Edward F. Wilson, M.D. 23C. NAME of CEMETERY OF CREMATORY 23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)

23D. LOCATION

6 248 NAME OF REGISTRAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown), (If yes, give wor or dotes of service)

UNDERLYING CONDITION LAST.

24C. FUNERAL DIRECTOR

ADDRESS

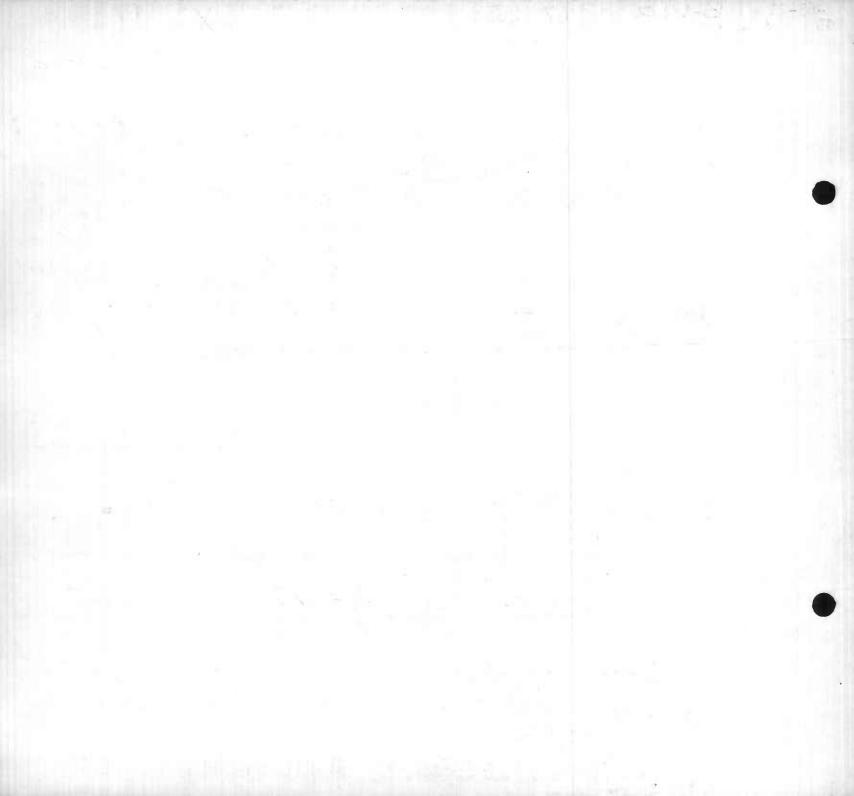
DATE SIGNED

VS 151-REV. 1/1/65

EXAMINER'S

, = cou u deliano lazone alo 1914 gunt i.e., ii.e., ii.e.

48-6	53-21] 7	B	-620	67	965	BALTIMORE CIT	Y HEALTH DEPARTMENT	\/	67	9658
EGL		BIRT	H NO.	0	7000	CERTIFICA	ATE OF DEATH	Registered Na.	01	0000
	and eath ased the Such		AME OF DECE	ASED DYJY	D ,//	61017		ND HOUR OF DEATH		
	of death of death Deceased e on the		e or Print)	BYARS, M	ELVIN		9	133/17	11	740
	0 0 0 -	3. 1	LACE OF DEAT	H IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh	ere deceased lived. If in:	stitution; resider	nce before admission
	5 00						A. STATE B. COU	NTY		2
	hos 1se (5) and de		ULL NAME OF		or institution,	give street	1/194/19131		a. a	1,00
		i	NSTITUTION 4	940°EASTER			F	utside city limits, write R		
	C 34.	1) // B	ALTIMORE,	MARYLA	ND21224	GLEN BURNI	rural, give location)	30	-00
		L	altmo	re City 1	4050 -	O Blog	BOX 104			
	contribution termined in regular preased provided in made.	5. 5	MATE	HITE	WIDOWED	MARRIED MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Y Months Day	r. If Under 24 Hrs. Hours Min.
	o o o o o o o o o o o o o o o o o o o	IOA	USUAL OCCUI			BUSINESS OR INDUSTR	100/1/	eign country)	12. CITIZEN	OF
	후 - 육 - 후 호	don	during most of w	orking life, even if retired)			SOUTH CAROL:	INA	WHAT	-S. A
	oct o Was was	13.	FATHER'S NAM	Ę.	•		14. MOTHER'S MAIDEN NA	ME		
-	direct direct dy (4) th w on th dispo		KICK	and			140/0 /4	941-15.	/	LI con sand
Z	n 0 n 0 -	15.	Wos Deceased I	ver in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT	4940 EAST	PRN AS	PRIMITE
Y Y	ssistant the di / kind; death ince on final di	11.63	A CO	(If yes, give war ar date	s of selvice	SECURITY NO.	BCH: RECORDS	BALTIMORE	MD a	21220
PORT	d y fi	1	18.	VWO	1	CAUSE	OF DEATH	DABITION		RVAL BETWEEN
9	his as so, if of any onced enda		170	OR CONDITION DI	RECTLY			2/	ONS	ET AND DEATH
Σ	0 3 ± 0			EADING TO DEATH		10) (1)	arcinima.	Pharynx		wear.
				I mean the mode of sthenio, etc. II means		DUE TO	Andrew Water and when do when the war a contract and a confirm	4kda		<i></i>
OR:	ner. actu pro ular mba			licotion which caused						
0			A	NTECEDENT CAUSES		(B)DUE TO	**************************************			
5	D = 4 - 5 0		DISEASES OF	CONDITIONS, if	any, giving	50110				
Z W	0 0 0 = = 0			obove couse (A) CONDITION lost,	stoling lhe	(C)	86 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
5	ical isal isal cia as		ONDERETHO	11		1 ,		**		
-	medical edical burns; hysici n was	Z	OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTIN	g // -/	1 1	/		
Z	f medical medical y burns; physici ian was	ATIO	TO THE DE.	ATH BUT NOT RELA	ATED TO TH	E HISTOR	9 OF 14h	realosis.		
NER	chief medical by a medical Body burns; (; the physician hysician was in	RTIFIC.	19A. DATE OF	PERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE F	INDINGS CON	SIDERED
3	P P P P P P P P P P P P P P P P P P P	ERTH	2/8/	01	(9	PROFUNX		III CERIII IIIIO CAI	Jaca OF DEAT	
正	tal by e; (2) B here ti No phy before	U	OR CONTRIBUT	WAS UNDERLYING THE	21B.	PLACE OF INJURY (e.g., ie, form, foctory, street,	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare	City, give exc	oct lacation)
	by the re; whe No	CA	DEATH (notify r	nedical examiner)	elc.					
	- G - S - S			(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		=
	oved be hosp and copt word (6)	2	(APPROX)		Wh	ile At Not Wh				,
	pro the ny exc and and		22. I certify t	hot (1) (this bospita	l) attended t	he deceased/fram	-1-11	.19to	12.31	67 19
	P 0 1			ast saw the decease		9/23/6	7 19 and t		ion doorh	
	of of of the photos					V (Way (5:1) (1:1	view the bady after death.		ngn geom ge	.corred an the dar
	deat		23A. SIGNATUR		ied abave. (i	(we) (did har)	view the bady after death.		23B. DATE SIG	GNED
	S O O E		Ba	but V	n 1/	M.D. At	mending Med. Director	Stoff Phys.	01	33/1
	rel acc		23 C. PHYSICIAN	INV /	1. 170	M Ph	23D. ADDRESS	Phys.	1/	20/61
	y was rel y was rel (1) An acc).A. at a l d prior to		PHYSICIAN NAME (Typ	Pol-	1 10 1	L-11 M.D.	com Ca 15/ 12	D-11	R-1	1 m
	Fig A A dd	247	BURIAL CREM	ATION, 24B, DATE	1/200	AME of CEMETERY of CI	0/3/201	14 681 (1)	VEXX1	D W/ (8%)
	certifi body v s: (1) D.O.A ased I	244	REMOVAL (Sp	ecify)		PARE OF CEMETERS OF CI	COMMICKE ALLIAN PAD.I.	LOCATION OF LIME	y, Mown, for toba	unity) - Tatolet
	body ws: (b.0 b.0 ease	0.7			62		LINIMER	SITY MEDI	CALS	CHOOL
	This cert the bod shows: (was D.C decease	25 A	DATE REC'D	OT 1 4	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	W CERTIC	n DC	ADDRESS LID
	- 4 2 0 3		G DEV 14	LI 1967	O. Cab	E. Farley MA	MUKIUAK	Y SERVICE	: - BL	.1111



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.



Marie 1 The state of the s

10/13/67 - Correction form from funeral director.

* Splaner

67 9662 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9662

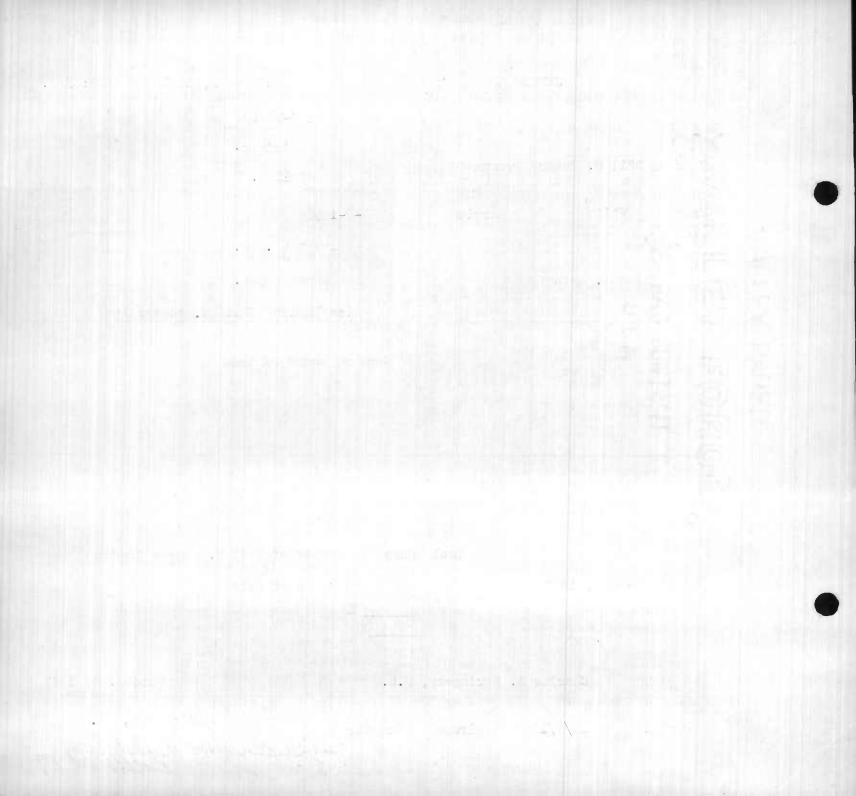
M.E. CASE NO.	CEASED					
1. NAME OF DEC	CEASED				TE AND HOUR PRONOUNC	
2 DI ACE IN BALT	MADELINE (atheri	ne Stonebra	cer	October 8, 196	7 10:00 a.
S. PLACE IN BALI	INOKE MAKILAND,	WHEKE PRONO	UNCED DEAD			stitution: residence before admission UNTY
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryla	nd	te RURAL and give township)
NSTITUTION	ADDRESS OR LOC	A IION)		C. CITI OK TOWN (II	outside corporote limits, with	22-03
43					imore	25.03
South B	Baltimore Ger	neral Ho	spital	D. STREET ADDRESS (I		
				130 W.	Randall St.	
5. SEX	6. RACE		DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months, Ooys, Hours, Min.
Female	White	-	rated	4/8/12	55	Trioning Coys Troops Trum.
OA. USUAL OCCU	JPATION (Give kind of wo	rk TOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF
done during most of v House	working life, even if retired;			Boltimon	a MA	WHAT COUNTRY?
3. FATHER'S NAM				Baltimor	NAME	
Taga	h Vmanaa					
	b Krause	D FORCES	1/ 50 6141		ohenberger	
Yes, no or unknown	(If yes, give wor or do	tes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			212 05 7779	Mrs. Mari	e Beecher	446 E. Fort Ave
1B.	o Y		CAUSE	OF DEATH		INTERVAL BETWEEN
DICEAG	TE OR CONDITION F	UREAR V		F. A.		ONSET AND DEATH
DISEAS	SE OR CONDITION DEAT	H		Motochill		1
(This does r			(A)	Metastatic	carcinoma of t	ne l
heort foilure,	not meon the mode of osthenio, etc. It meon mplication which caused	s the diseose,	Axxxx br	east		
	NTECEDENT CAUS		(B)			12.00
DISEASES	OR CONDITIONS, IF E ABOVE CAUSE (A)	ANY, GIVING	DUE TO	#*************************************		
UNDERLYIN	G CONDITION LAST	, and the				1100
Z Z			(C)			
Ĕ	11					
OTHER SIGN	DEATH BUT NOT R					
OTHER SIGN TO THE DISEASE OF	R CONDITION CAUSIN	G IT.		***************************************		
19A. DATE OF	OPERATION 198, CO		WHICH OPERATION	20A. AUTOPSY? (Yes	r No) 208. IF YES, WERE FI	
00	WAS PE	RFORMED		No	IN CERTIFYING CAU	SES OF DEATH?
21A. EXTERNAL	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE I	DID (If in Boltimore City, gi	ive exact location)
UNDERLYING DEAU	SE OF DEATH.	home	e, form, foctory, street, o	fice bldg., INJURY OCCU	IR?	
#						
OF INJURY	(Month) (Doy) (Ye	or) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
(APPROX.)		m.	WHILE AT NOT W	VHILE		
22.		[-7				
l cert	ify that I held on	Inquiry	Inspection X Auto	opsy ond that	on this bosis, deoth In r	ny opinion
resul	ted from: Notural co	ouses X	Accident Suicide	Homicide	Undetermined monn	er 🗌
	~1	111	1 .	CHIEF MEDICA	L EXAMINER	
ACTUAL	- KAINGAL	7,4	2/1/2	ASSISTANT MEDICA		DATE SIGNED
SIGNATI		C 1 -				
EXAMIN NAME (1	po \	1		ASSOCIATE MEDICA	L EXAMINER	0 1 0 1067
3A. BURIAL CREA	Luwa		lson, M.D.		205 1201 201	October 9, 1967
EMOVAL (Specify		23	C. NAME of CEMETERY or	CREMATORY	23D. LOCATION (City,	, town, or county) (State)
Burial		1/67	Glen Haven	Mem. Pk.	Glen Burnie	e. Md.
4A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRE		ADDRESS
(DCJ 11 1967	1	E. Farberma			
	ולחון קים רשים	المالول	C' MONDON IN	JOHN F.	DENNY, INC.	715 Light St.

67 9663 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N

.67	9663
No	

M.E. CASE NO.	MEDICALL	AAMII 1EK 5 CI	KIIFICATE OF DI	L/A magnara	
1. NAME OF DECEASED (Type or Print)	JAMES LY	ONS		er 5, 1967	
3. PLACE IN BALTIMORE, M			A. STATE Maryland	ceosed lived. If insti B. COU	tution: residence before admission NTY
FULL NAME OF (IF NO ADDR	T IN HOSPITAL OR INSTI	TOTION, GIVE STREET	C. CITY OR TOWN (II outside of Baltimor		RURAL and give township)
Rear of 2211 W	. Rogers Aven	iue	D. STREET ADDRESS (II rurol, gi	ve locotion) Rogers Avet	niie
5. SEX 6. RACE	WIDOWED	D. NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life,	ive kind of work 10B. KIND	rried of Business or Industry	2=8=1898 11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
retired 13. FATHER'S NAME			Calvert Co. Md	•	
Rufus B.	U.S. ARMED FORCES?	16. SO CIAL	Sarah O Cox	•	ADDRESS
(Yes, no or unknown) (If yes, given	e wor or doles of service		Miss Taylor 22	11 N. Rog	ers Ave
DISEASES OR COND RISE TO THE ABOVE OF THE AB	NT CAUSES ITTIONS, IF ANY, GIVING CAUSE (A) STATING THE ITTION LAST. II CONDITIONS CONTRIBUTION OF RELATED TO ON CAUSING IT.	(C)			
	N 198. CONDITION FOR WAS PERFORMED		Yes	Yes	SES OF DEATH?
UNDERLYING OR CONTUINING CAUSE OF DEA	TH. etc	PLACE OF INJURY (e.g., ine, form, loctory, street, or Tool house	n or obout 21C. WHERE DID (If like bldg., INJURY OCCUR? Rear of 221	11 W. Roger	
OF INJURY	(Doy) (Yeor) (Hour) 9, 1967		WHILE X Shot sel		
resulted from: ACTUAL SIGNATURE EXAMINER'S	held on Inquiry Notural couses	Inspection Aut Accident Suicide M.D.	opsy X ond that an this	MINER X	
NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify)		23C. NAME of CEMETERY o		CATION (City,	town, or county) (Stote)
Burial 24A. DATE REC'D BY HEALT		E OF REGISTRAR	etemy 24C. FUNERAL DIRECTOR (1).14 JULYANA	Hunting	town, Md.
VS 151-REV. 1/1/65	1 1967 Robert	8. E. starbeyma	J. Country	1	Bello, Wel 17



3= 20	2-13	S RIPI	H NO.		67 5	65-5-7		TE OF D		Registered Na	67 9	3664
5 7	sed the the uch	M.E	CASE NO.	SED.		CEKI	IFICA	IE OF D		D HOUR OF DEATH		39
A U	on the	(Ty;	LACE OF DEATH	AWDEK	25, 7	RANK	P.	Jr.	10/4	67 de deceosed lived. If ins	1/1	Am M.
/ /	nospin ise of (5) De ance deat		ULL NAME OF			on, give street		A. STATE	B. COUN	n Avahia	De L'	
3	caus caus use; (enda to c		NSTITUTION	oddress or loc	otion)			C. CITY OR TO		iside city limits, write R	URAL and give	ownship)
3 1	rior att	IQ	of all A	ophens	Horse	/ •		D. STREET ADI		oral, give location) in tgomery Avi	7770	
Vi de	but ned lar	5. 5		RACE	7. MARR	IED, NEVER MARRI	ED	B. DATE OF BIR	TH	9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
	occurribu ontribu ermine regula eased is mad	E C	777	W	Wic	web, divorced (s		12/2/8	(e)	TO		Hours Min,
	etel etel n	don	USUAL OCCUPA during most of work	ATION (Give kind of king life, even if retir	work 10B, KINE	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	E (State or forei	gn country)	12. CITIZEN OF	UNTRY?
	or Industrie	H	Reti_red	Broker o		ninery		Pitts	burgh, 1		U.S	.A.
	weet we the	0	FATHER'S NAME	T 1 D								
Z		15.	Was Deceased Ev	Frank Pa	Forces?	1 6. SOCIAL	,	MOLL:	ie Redo	ду	ADDR	ESS
TA:	kin de de ina	4	Was Deceased Ev i, no or unknown) (If Yes	World Wan	dotes of servi	182-28-		Hospi	ital Red	cords		
O	if i	*	18.	XI			CAUSE O	DEATH				AL BETWEEN
IMPORTAN	Iso, of or	100	LE	OR CONDITION ADING TO DEA	TH	(A	Co	creina	ma o	of lung		nths
ä	er or cture crono ar af balm	Car	heart failure, as	meon the mode thenia, etc. It me cotion which cau	ans the dise	e.g., Di	UE TO	brain	met	f lung		
0	fra fra em	10		TECEDENT CAU		(B)	JE TO	## ## ## ## ## ## ## ## ## ## ## ## ##				00000
DIRECTOR:	exar 3) A wh n re	men	rise to the	CONDITIONS, above cause	(A) slating	ving				********************************		70.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
	ial (17); (cian cian as i as i ains	ĬĮ.	UNDERLYING	CONDITION lost.			_	_				
AL	medical policy property proper	ATION	TO THE DEA	ANT CONDITION TH BUT NOT I	RELATED TO	TING					46. 2	
FUNER	a n lody he he sicie	Cal ERTIFICA		PERATION 198.		OR WHICH OPERAT	ION	20 A. AUTOP	SY? (Yes or No	208. IF YES, WERE F	INDINGS CONS	DERED ?
FU	(2) By re t	.II.o	OR CONTRIBUTION	WAS UNDERLYIN	G	218. PLACE OF INJ	URY (e.g., ir , street, of	or about 21C. V	WHERE DID	(If in Boltimore	City, give exact	lacation
	spital ure; (whe	A U	21D. TIME (A	edical examiner)	eor) (Hour)	21E. INJURY OCCI	IPPED	21 F H	IOW DID INJ	HPV OCCHP?		
3	hos natu d (6)	MEDI	OF INJURY (APPROX.)			While At Work	Nat While At Wark			oki occok.		
	the ny exc	tg	22. I certify the	at (1) (this hosp	ital) attend	ed the deceased	ON T	MA 1	0-4-	ARRIVEL F	7 140	19
	of of of all (h);	S		st saw the dece			· · ·		ana tn	at in (my) (aur) apir	ian death acc	urred an the date
	pit pit pit sat	13	22A CIGNIATURE		stated abov	e. (1) (We) (did) (did nat) v	iew the bady	after death.		238, DATE SIGN	IED
	released accident a hospit r to dear	sed	Jan	mes h	1. Kel	llon	Phy:	s.	Med. Director	Stoff Phy s.	10-9	4-67
	y was r y was r i) An a i.A. at a d prior	ea	NAME (Type	James	61	Kelle-	M. D.	23D. ADDRESS	nos 1	Hepkins	Hosp	ital
	certificate body was r s: (1) An a D.O.A. at ased prior	024/	23C. PHYSICIAM S NAME (Type	ATION, 24B. DATE		C. NAME of CEMET			24D. L	Montgome	y, town, or count	ty) (Stotel
	SOSO		Removal	Oct.5	,1967	Galvary C	emeter	•	AL DIRECTOR	Philadelph	nia,Pa.	DDRESS
i	the I show was dece		, OC	1 1 1967	Rober	6 E. Faile	MA	Wm.v	1 Picku	es 9 Servo	Ma Pa.	aves.
		VS	150-REV. 1/1/65	4-9	1	2 - 2	11-0		AR		-	



VS 150-REV. 1/1/65

The second second second to the second to and the state of t

Type or Print Type or Prin			TE OF DEATH		966	67	BIRTH NO.
3. PLACE OF DEATH IN BALTIMORE, MARVIAND (If not in hospic) or institution, give sited oddies or location of the state of	-	TE AND HOUR OF DEATH	2. DATE	en Snyder	Hel	/.	1. NAME OF DECE
FULL NAME OF HOSPITAL OR HOSPI	ission)	(Where deceased lived, If institution; residence before admi	4. USUAL RESIDENCE (\	1003 110 12			3. PLACE OF DEA
INSTITUTION CHURCH HONE AND 155PT CALL T MORE — Dimidalk:212221 D. STREET ADDRESS (II rure), give location) ALT MORE — Dimidalk:212221 D. STREET ADDRESS (II rure), give location) ADDRESS (II rure), give location) J. MARRIED — No Never Marbied — No Date of Birth — 10-2 — 1912 — 10-51 binholoy — Months; Days Hours: Middle of Birth — 10-2 — 1912 — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-2 — 1912 — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-2 — 1912 — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-2 — 1912 — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-2 — 1912 — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-2 — 1912 — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-2 — 1912 — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days — Months; Days — Months; Days — Hours: Middle of Birth — 10-51 binholoy — Months; Days —				ive street			
5. SEX 6. RACE Comparison C			- A A	Harrital		J.	
5. SEX OR RACE TO MARRIED NEVER MARRIED SUBJECTIVE TO SET THE DISTANCE OF BIRTH 19. AGE (In years will Under 1 Vr. Months) Doys Hours Millowed, DIVORCED (specify) 11-26-1912 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (slote or foreign country) HOUSE WIFE Points ylvania: 13. FATHERS NAME 14. MOTHERS MAIDE NAME 14. MOTHERS MAIDE NAME 15. Was Deceased Ever in U. S. Armed forces? (Yes, no or unknown) (If yes, give wor or doles of service) 15. Was Deceased Ever in U. S. Armed forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 219-12-8041 18. O		(If rural, give location)		Lway	Broad	100 M	35
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Sole or foreign country) HOUSE WIFE 13. FATHERS NAME OTTO BAKER 14. MOTHERS MADEN NAME ELIZABETH Paperfus 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 21942-8041 CAUSE OF DEATH OND CAUSE OF DEATH (A) OTTO BAKER 16. SOCIAL SECURITY NO. 21942-8041 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (A) OTHER SIGNIFICANT CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION SOLIT (LI means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION SOLIT (LI means the disease, injury or complication which coused death,) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SOLIT (LI means the disease) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SOLIT (LI means the disease) OTHER SIGNIFICANT CONDITION SOLIT (LI means the disease) OTHER SIGNIFICANT CONDITION SOLIT (LI means the disease) OTHER SIGNIFICANT (LI means the disease) OTHER SIGNIFICANT CONDITION SOLIT (LI means) OTHER SIGNIFICANT (LI means)	20		1909				
The part of the	Min.	112 54	11-20-191	DIVORCED (specify)	WIDOWED,	ode White	Famille
13. FATHERS NAME OTTO BAKER 14. MOTHERS MAIDEN NAME ELIZABETH Papenfus 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 21942-8041 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healf follure, ostherio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONSING IT. 20 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS UNDERFUNDED 19B. CAUSES OF DEATH? 21 B. / A CONTRIBUTING 10 CAUSE OF DEATH? 22 CA. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 23 C. CONTRIBUTING 10 CAUSE OF DEATH? 24 C. CONTRIBUTING 10 CAUSE OF DEATH? 25 C. CONTRIBUTING 10 CAUSE OF DEATH? 26 C. CONTRIBUTING 10 CAUSE OF DEATH? 27 C. NAME (MACHAEL CONDITION COURS) 28 DEATH (Indiffy medical examine) 29 DEATH (Indiffy medical examine) 21 E. NAME (MACHAEL CONDITION COURS) 21 E. NAME (MACHAEL CONDITION COURS) 21 E. NAME (MACHAEL CONDITION COURS)	~1	WHAT COUNTRY?				t of working life, even if retired)	done during most of w
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give war or doles of service) NO 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc., II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Solling the UNDERLYING CONDITION TO THE DEATH BUT NOT RELATED TO T	-	2 10:				NAME	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard foilure, ostherio, etc., Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. PUBLICATION OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING AUSSE OF DEATH? 21B. PLACE OF INJURY (e.g., in, or obout A) 10 MILEN OCCUR? 21D. TAME (Macelly) (Now) (N				R	BAKET	0770	
THE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CAUSE OF DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. UNDERLYING CONDITION TO RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSES OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR C	4000	sband) 1909 Tollon Au ESSNYDER 1909 Tollon Au	17. INFORMANT (Hust	SECURITY NO.	es of service)	own) (If yes, give wor or do	15. Was Deceased (Yes, no or unknown)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heeft feiture, esthenic, etc. II meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION SOLUTION To THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED V 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? DEATH (notify medical examiner) 21D. THASE (March) (Day) (Year) (Hand) 21E INJURY OCCUR? (Hand) 21E INJURY OCCUR?		INTERVAL BETWEEN				1110	1B. / 4
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION Iost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION Iost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?		a g Live	arli nom	DUE TO	f dying, e.g.,	s not mean the mode o	(This does no
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 12 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 13 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 14 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF DEATH? 15 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF DEATH? 16 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF DEATH? 17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF DEATH? 18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF DEATH? 19 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF DEATH? 19 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF THE DISEASE OF DEATH? 19 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF THE DISEASE		- 4 1:160					
TISE IO THE OBOVE COUSE (A) Stoling the UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING III. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 10 THE DISEASE OR CONDITION CAUSING III. 11 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONSIDERED 11 CERTIFYING CAUSES OF DEATH? 12 1A. ACCIDENT WAS UNDERLYING 10B. CONTRIBUTING 10B. CONTRIBUTION 10B. C			ar www.	DUE TO			
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH?) OR CONTRIBUTING CAUSE OF 10 10 10 10 10 10 10 1				(C)		the obove couse (A)	rise to the
19A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING ON STORY, Street, office bidg., In or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING ON STORY, Street, office bidg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING ON STORY, Street, office bidg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING ON STORY, Street, office bidg., INJURY OCCUR?		doma	my e		ATED TO THE	DEATH BUT NOT REL	OTHER SIGNII
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) (Year) (Year) (Hour) (Year) (Hour) (Hour) (Year) (Hour) (Hour) (Year) (Hour) (Hour) (Hour) (Year) (Hour) (Hou		or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		WHICH OPERATION		WAS PE	
O 21D TIME (Month) (Doy) (Year) (Hour) 21E INITIAN OCCURRED 21E HOW DID INITIAN OCCURRED		DID (If in Boltimore City, give exact location) UR?	or obout 21 C. WHERE DI	e, form, foctory, street,	home	RIBUTING CAUSE OF	OR CONTRIBU
		ID IN HERY OCCUR?	21F HOW DID	wo	~		0
OF INJURY (APPROX.) White A1 Not White Work At Work			NO	le At Not Wh	White	Y	S OF INJURY
22. 1 certify that (1) (this haspital) attended the deceosed from 9-26-1967 to 10-7-196.		·					
that (I) (we) last saw the deceased clive an	ie date						
23 A. SIGNATURE 23 B. DATE SIGNED	-	23B. DATE SIGNED		_	an.		
Rodulio M.D. Attending Med. Stoff 10-7-1967	7	Phys. 10-7-196		M.D. AT	o on,	Rodelin	22.C BLIVELCIA
23C. PHYSICIAN'S NAME (Type) Dr. L 179, Rodelio M.D. 23D. ADDRESS CHURCH Grove AND Hospi	ital	Well time AND Holp	WO N BY	Rode lio M.D	L 179,		
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 10/10/67 Glen Haven Mem. Pk. Cem. 24D. LOCATION (City, town, or county) (Sto	tote)					I (Specify)	REMOVAL (S
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS John J. Duda, 7922 Wise Ave. Dundalk, Mc	id.	ECTOR ADDRESS		F REGISTRAR	25B. NAME OF	C'D BY HEALTH DEPT.	25A. DATE REC'D
VS 150-REV. 1/1/65		THE STATE WAS DUMMETED IN	Joint 5. Duc	- 2 Falleyers	TO COLO	OCT 11 1967	VS 150-PFV 1/1/4

MARKET LANGE LITTER for the end of the property of the second State street, - a torre to Aut. terment services 1909 Tolson AM Water Property House, Sales .2 4191 - 0.5-11 hi armina BOUSE WIFE AMERICA STATE 3314 35 miles STTO SAKER ELIZAbe Ta CHARLESSNYDER 191 HALL Many rate of A T. Hard Mark Co. PE 1/4 Coores morning Liver (as a summer to be as rehim or minder CHN - 01 10 × 7 × 115 pp. Dy . LIM Endelin CHURCE Brown ATTE THE THE REAL PROPERTY OF THE PARTY OF THE PA

volen at read to 7582 than here and the life.

A	1-	1]_
	and	pest	the	
	of d	Dece	Ho e	
	hosp	; (5)	danc	5
	in a	ause	atten	10
	butin	ned c	ar	ade.
	occu	ermi	regu	is m
	Jeath or c	Judet	IS in	sition
=	irect	(4)	h we	ispo
TAN	sistar the d	kind	deat	inal
POR	is as	any	peou	or f
Z	r or h	Jre of	noug	almed
OR:	mine	fracti	o pr	emba
FUNERAL DIRECTOR: IMPORTANT	exan	3) A	hw n	s are
L DI	dical	rns; (Sicia	Was
ERA	ef me	dy bu	bhy .	cian he re
FUN	e chi	2) Bo	e the	physi ore t
	by th	re; (wher	d bef
	boved	natn	cept	raine
	appr to th	fany	(ex	be ob
	st be	ent o	Spita	nust l
	e mu	accid	a ho	or to
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (b) No physician was in regular arrendance on the deceased prior to death. Such we written approval must be obtained before the remains are embalmed or final disposition is made.
	s cert	ws: (D.0	tten
	This	sho	M	Wri

Type or P	OF DEATH IN BALTIMORE, M	ARYLAND ,	CLAREN	4. USUAL RESIDENCE (W. A. STATE B. CO. MARY LAND.	Baltimore outside city limits, write	_ 1967 6 9 finstitution: residence before odmission
	THE JOHNS HOP	KINS H	OSPITAL	D. STREET ADDRESS 923 SHORT	(If rural, give location)	53.00
. SEX	MALE: WIT	7. MARRIED WIDOWE	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 04-14-95	9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	AL OCCUPATION (Give kind of wo g most of working life, even if retired) hinist		rd hem Steel Co.	11. BIRTHPLACE (Stote of f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	ers name WARD MORGANTHA	LL		14. MOTHERS MAIDEN N SUSAN RI		
5. Was D Yes, no or o	Deceased Ever in U. S. Armed Founknown) (If yes, give wor or do	tes of service)	16. SOCIAL SECURITY NO. 213-07-9052	Mrs. Pearl Mo		lalk, Mart Rd.
heart	LEADING TO DEATH daes not meon the made of failure, asthenia, etc. It mean y ar camplication which cause ANTECEDENT CAUSE	of dying, e.g., is the disease ed death.)	, DUE TO	ARCHOMA	OF TANC	Keltz
DISE/rise UND	Adaes not meen the made of failure, asthenia, etc. It means are camplication which cause ANTECEDENT CAUSE ASES OR CONDITIONS, if the obave couse (ADERLYING CONDITION lost. ER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE	of dying, e.g., is the disease, and death.) s any, giving the disease, and death.) CONTRIBUTIN	(B)			
NO DISEA	Addes not meen the made of failure, asthenia, etc. It means are camplication which cause ANTECEDENT CAUSE. ASES OR CONDITIONS, if to the obave couse (ADERLYING CONDITION lost. II ER SIGNIFICANT CONDITIONS THE DEATH BUT NOT REIL ASE OR CONDITION CAUSING DATE OF OPERATION 198. CO	of dying, e.g., as the disease, and death,) is any, giving the disease, and death,) CONTRIBUTING LATED TO THE STATES.	(B)		NARY EMI	
DISEAU OR	Addes not meen the made of failure, asthenia, etc. It means are camplication which cause ANTECEDENT CAUSE. ASES OR CONDITIONS, if to the obave couse (ADERLYING CONDITION lost. II ER SIGNIFICANT CONDITIONS THE DEATH BUT NOT REIL ASE OR CONDITION CAUSING DATE OF OPERATION 198. CO	of dying, e.g., as the disease, and death,) S any, giving the disease, and death,) CONTRIBUTION FOR THE STATE OF THE ST	(B) DUE TO (C) (G) WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	Pumo 20A. AUTOPSY? (Yes or YES 1 or obout 21 C. WHERE DID	NARY EM	BO41 FINDINGS CONSIDERED
DISEATION OTHER TOP OF IN (APPR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF (Month) (Doy) (YeoNJURY ROX)	and dying, e.g., as the disease and death.) S any, giving stoling the CONTRIBUTIN LATED TO THE IT. INDITION FOR ERFORMED 211 hot etc.	(B) DUE TO (C) (G) (C) (C) (C) (C) (C) (C)	Por Pormo 20A. AUTOPSY? (Yes or YES) n or obout 21C. WHERE DID INJURY OCCUR:	NARY EMI No. 208. IF YES, WERE IN CERTIFYING C. (If in Boltimo	BO41 E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion)
NOTHE TO DISE, TISE UND DISE, TO DEAT TO DEAT TO PER IN (APPR 23A. S	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF (Month) (Doy) (Yeonald)	and dying, e.g., as the disease, and death,) is any, giving the contribution of the contribution for the contribution for the contribution of the	(B) DUE TO (C) (G) (G) (G) (G) (G) (G) (G)	20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID SEPTEMBER 19.67	NARY EMINO 208. IF YES, WERE IN CERTIFYING CO.	BOUL FINDINGS CONSIDERED AUSES OF DEATH?

MORGANTHALL, CLARGUCE 8, COLOGOR 187 6

ESST CALLED TO CASE! Total St. Alan miles then and the life and the last

CARCHOMA OF PANCEURS

RECURRENT TULMONARY EMBOLI

20 SEPTEMBER 67 8 OCTUBER 67 8, October 67

X 8 October 1963

Malury 8. rockeman

Mic Water proving

Additional any sense of the could be propose

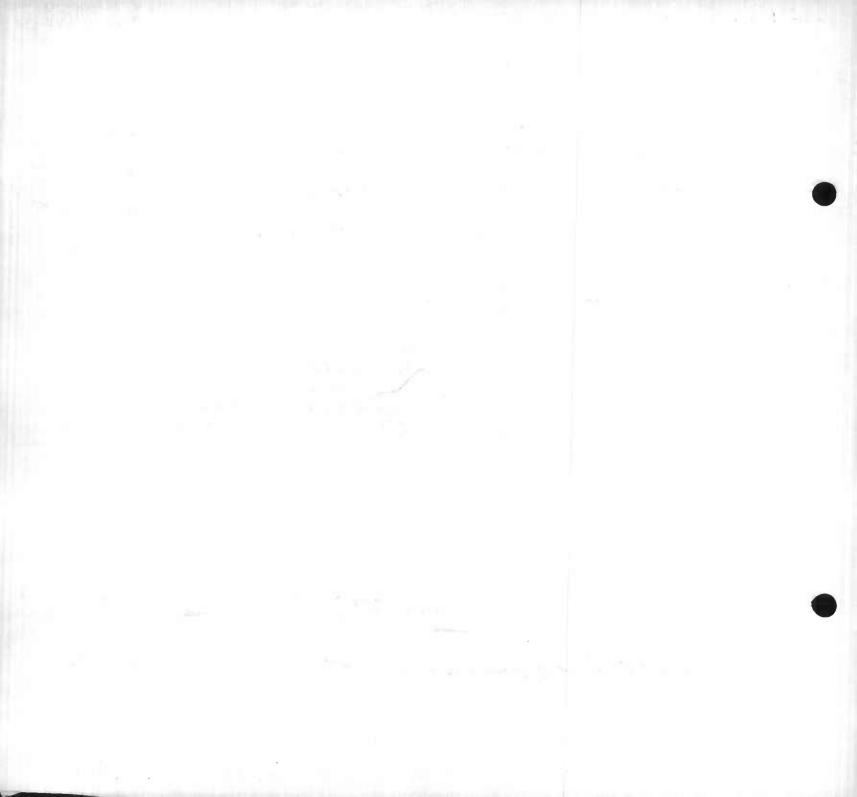
9668

67 9668 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

M.E.	CASE NO.								
1. NA	ar Print)		MILIO R. W	ALDIWIA .Sr			HOUR PRONOUNCE		
						Octob	er 8, 1967	6:2	0 A. M.
3. PL/	ACE IN BAL	TIMORE MARTLAN	D, WHERE PRONOU	NCED DEAD	A. STATE	ENCE (Where d	leceosed lived. If instit	ution: residence be NTY	lore admission)
	NAME OF		OSPITAL OR INSTITU	TON, GIVE STREET		yyland	carporate limits, write	BIIDAL and attack	(aa.h.:a)
HOSP INSTI	TUTION	ADDRESS OR	LOCATION)					KORAL one give i	lownship?
						altimore		6	6 02
1	0	5013 Green	hill Avenue		D. STREET ADDR	ESS (If rurol,	give lacotion)		
- List					4307		Avenue		
5. SEX		6. RACE		VEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years last birthday)	If Under 1 Yr. If Months, Doys	Under 24 Hrs. Haurs Min.
M	ale	White	Marr	ied	12/5/10)	56		
IOA, U	SUAL OCC	UPATION (Give kind of working life, even if re	f work TOB, KIND OF	Pontiac	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF WHAT COUN	NTRY?
			Writer Mc		Santa S		A4 8	U.S.	
13. FA	THER'S NA	ME			14. MOTHER'S M	AIDEN NAME			
	Hon	orio Valo	divia.		Mary I	Wheeler	r.		
	AS DECEAS	ED EVER IN U.S. A	RMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
		A.J.	doles di service)		Denothy	I. Vol	divia.590L	Harfor	d Road.
118	Y &	110	2	13 03 8528	OF DEATH	2000	4114147704		AL BETWEEN
	4-00	919		CAUSE	OI DEATH				AND DEATH
	DISEA	SE OR CONDITIO		Arto	riosclerot	ic hear	t disease		
	(This does	not mean the mad	de of dying, e.g.,	DUE TO	TTOSCICTOR	TC IICAL			
		e, asthenio, etc. It i implication which ca							
		ANTECEDENT	HEEC						
		OR CONDITIONS,		(B)					
	RISE TO TH	TE ABOVE CAUSE	(A) STATING THE	DOE 10				1 6	
z	ONDEKLII	NG CONDITION L	ASI.	(C)		******************	000000000000000000000000000000000000000		000000000000000000000000000000000000000
9-		11				-			
3		NIFICANT CONDIT	ONS CONTRIBUTIN						
Ĕ		R CONDITION CAL	T RELATED TO TH	E	******				
CERTIFICATION	A. DATE O		CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY?	(Yes or No)	OB. IF YES, WERE FIN	DINGS CONSIDER	RED
	2/	WA	S PERFORMED		Yes		N CERTIFYING CAUS	ES OF DEATH?	
		OR CONTRIB-	21 B, P	LACE OF INJURY (e.g.,	in ar about 21C. W	HERE DID	f in Baltimare City, giv	e exact location)	
No o		JSE OF DEATH.	etc.)	farm, factory, street, c	mice bidg., INJURT	OCCUR?			
¥ 21	D TIME	(Month) (Day)	(Year) (Haur) 21	E. INJURY OCCURRED	21F HC	M DID INTO	BY OCCUP?		
0	F INJURY	(Volum) (Day)			WHILE	717 DID 11130	KI OCCOK:		
			m. W	ORK AT W	ORK				
2	2. cei	tify that I held a	n Inquiry	Inspection Aut	opsy X and	that on this	basis, death in m	y apinian	
	1000	Ited fram: Natura		cident Suicid			ndetermined manne		
	1000	7		.craem					
	ACTUA	L / 2	Pertal	-		EDICAL EX		DAT	E SIGNED
	SIGNAT	URE WAN	0.0		ASSISTANT ME				1045
	NAME (Туре)		ingate, M.D.	ASSOCIATE M			october 8,	
	BURIAL CRI		TE 23C	. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION (City,	tawn, ar county)	(State)
_	Buria		11/67 W	oodlawn		Wa	odlawn, Md		
		BY HEALTH DEPT.		F REGISTRAR	24C. FUNERA	L DIRECTOR	ANTERNIT PLIA	ADDRESS	
	0	OT 1 1 4005		7 0	11 +	ET	7	818 Rolan	A Cine
	U	CT 11 1967	P. O. 5 8	A Deut MA	Musli	m6. h	cnovan-3	8/8/10talm	ioe cive
V5 1:	51-REV. 1/1.	/65		1 11 11	11 12 (3)	1			- 17

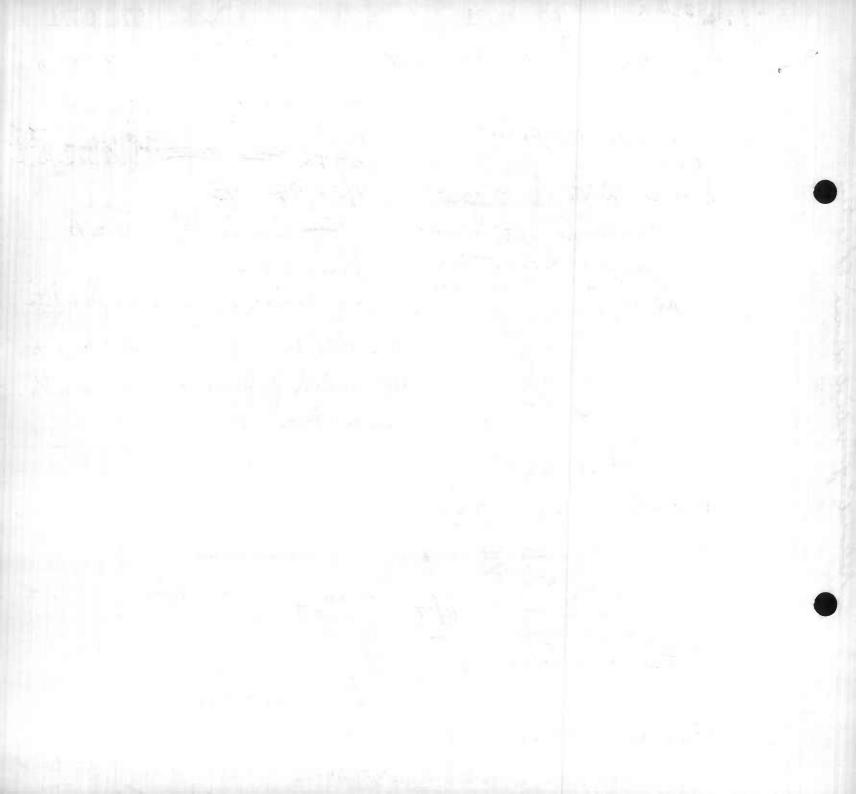
hour, noticed that means acres and the believe a well of

instruction product the state of the state o



VS 150-REV. 1.0





A.E. CASE NO.	9672 CERTIFICA	2. DATE AND HOUR	OF DEATH
Type or Print) AARON SABEI		OCTOBER 7,	1967 600 8
PLACE OF DEATH IN BALTIMORE, MAR	RYLAND		ed lived. If institution: lesidence before admission
FIRE MAKE OF A STATE OF THE STA	1-414.41	MARYLAND	
FULL NAME OF (If not in hospitot of HOSPITAL OR oddress or location)	or institution, give street)		limits, write RURAL and give township)
3331 CLARKS LANE, APT.	R	BALTIMORE	21-20
JOST CERROS ERIC, ATT.		D. STREET ADDRESS (If rurol, give	location)
00		3331 CLARKS LANE,	APT, B
MALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9. AGE (Intost birthdom) 11-27-1900 6	Months Doys Hours Min.
6A, USUAL OCCUPATION (Give kind of work one during most of working life, even if settred)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country	12. CITIZEN OF WHAT COUNTRY?
RETIRES	COOK	MONTGOMERY, ALABAMA	u.s.A.
3. FATHER'S NAME	00011	14. MOTHER'S MAIDEN NAME	
SOLOMON SABEL		ROSE ?	
5. Was Deceased Ever in U. S. Armed Force	1 6. SOCIAL	17. INFORMANT	ADDRESS
YES WW 1	s of service) SECURITY NO.	HIDO DUTH CAPET 222	1 OLADVO LAME ADT D HI
18. WW 1	CAUSE O		1 CLARKS LANE, APT. B #1
DISEASE OF CONDITION DIR			ONSET AND DEATH
LEADING TO DEATH	(A)	SUPTURED ANEURY	IM INSTANTANEOUS
(This does not mean the made of heart failure, asthenia, etc., It means	dying, e.g., DUE TO	**************************************	
injury or camplication which coused	death 1		
	+ UA	PASH DARTH DARING	WILL STYEARS
ANTECEDENT CAUSES	(B) THO	rasic Adric Ameur	YEM >ZYEARS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	(B) THO		YSM > 2 YEARS
ANTECEDENT CAUSES	(B) THO	ebosicielosa of Yok	TA 72 YEARS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if crise to the above cause (A)	(B) THO		TEM > 2 YEARS LTA > 2 YEARS
DISEASES OR CONDITIONS, if or itse to the above cause (A) UNDERLYING CONDITION tost.	ontributing		YSM > 2 YEARS LTA > 2 YEARS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or tise to the abave cause (A) UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT	ONTRIBUTING TED TO THE	Eroscliffosu of Aor	
DISEASES OR CONDITIONS, if or itse to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING ITS CONDITION CAUSING ITS	ONTRIBUTING TELL TO TO THE TO TO THE TO TO THE TO DITION FOR WHICH OPERATION	ZOA. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itse to the abave cause (A) UNDERLYING CONDITION test. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT 194. DATE OF OPERATION 195E, CONDITIONS CON	ONTRIBUTING TED TO THE T. ORMED	20A. AUTOPSY? (Yes or No) 20B. IF IN CER	YES, WERE FINDINGS CONSIDERED
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itse to the obave cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 194. DATE OF OPERATION 198. CONING AS PERFORM OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	ONTRIBUTING TED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF NO n or obout 21C. WHERE DID	YES, WERE FINDINGS CONSIDERED
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or tise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONTROL TO THE DEATH STATE OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION CORMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.)	20A. AUTOPSY? (Yes or No) 20B. IF IN CER n or about 21C. WHERE DID (Injury occur?	YES, WERE FINDINGS CONSIDERED THEYING CAUSES OF DEATH? If in Boltimoie City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTROL OF CONDITIONS CONTROL OF CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONTROL OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) OF CONTRIBUTING (Month) (Doy) (Year)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.) (Hour) 21E, INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 20B. IF IN CER n or obout 21C. WHERE DID (In the bidg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED THEYING CAUSES OF DEATH? If in Boltimoie City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itse to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTROL OF CONDITION CAUSING IT TO THE DEATH BUT NOT RELAUDISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) DEATH (notify medical examines)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION CORMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.)	20A. AUTOPSY? (Yes or No) 20B. IF IN CER n or obout 21C. WHERE DID (In the bidg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED THE TITTE CAUSES OF DEATH? If in Boltimoie City, give exoct locotion)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itse to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATION TO THE DEATH AND THE CONTRIBUTING TO CAUSE OF DEATH (notify medical examines) 21 D. TIME (Month) (Doy) (Year)	ONTRIBUTING TED TO THE TO THE 218. PLACE OF INJURY (e.g., interpretation) (Hour) 218. PLACE OF INJURY (e.g., interpretation) (Hour) 218. PLACE OF INJURY (e.g., interpretation) (Hour) While At Not While At Work	20A. AUTOPSY? (Yes or No) 20B. IF IN CER n or obout 21C. WHERE DID (In the bidg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED THEYING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itse in the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING II 198. CONTINUED TO CAUSING II 199. CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 D. TIME (Month) (Doy) (Year) (A PPROX.)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, sheet, onetc.) (Hour) While At Not Whill Work Ottended the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF NO CER 11 OCCUR?	YES, WERE FINDINGS CONSIDERED INFYING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CONDITIONS CO	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, sheet, onetc.) (Hour) While At Not Whill Work Ottended the deceased from dolive on	20A. AUTOPSY? (Yes or No) 20B. IF NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCC	YES, WERE FINDINGS CONSIDERED INFYING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION PS. CONTINUED CAUSE OF DEATH (notify medical examines) 21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify the (I) (this hospital) that (I) (we) lost sow the decease	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, sheet, onetc.) (Hour) While At Not Whill Work Ottended the deceased from dolive on	20A. AUTOPSY? (Yes or No) 20B. IF NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCC	YES, WERE FINDINGS CONSIDERED INFYING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itse to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTOURS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CONTOURS OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) 21D. TIME (Month) (Doy) (Year) 21D. TIME (Month) (Doy) (Year) 12D. TIME (Month) (Doy) (Year) 13D. TIME (Month) (Doy) (Year) 14D. TIME (Month) (Doy) (Year) 15D. TIME (Month) (Doy) (Year) 16D. TIME (Month) (Doy) (Year) 17D. TIME (Month) (Doy) (Year) 18D. TIME (Month) (Doy) (Year) 18D. TIME (Month) (Doy) (Year)	ONTRIBUTING TED TO THE TO ORMED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, one etc.) (Hour) 21E. INJURY OCCURED While At Not While At Work ottended the deceased from and olive on etc.)	20A. AUTOPSY? (Yes or No) 20B. IF NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCC 21F. HOW DID injury Occur 19	YES, WERE FINDINGS CONSIDERED TIFFING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR? to MESONTLY 19 (our) opinion death occurred on the death
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IN 198. CONDITION CAUSING IN 198. CONDITION CONTRIBUTION CAUSING IN 198. CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) 21D. TIME (Month) (Doy) (Year) 11D. TIME (Month) (Doy) (Year) 12D. TIME (Month) (Doy) (Year)	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., index, one) (Hour) 218. PLACE OF INJURY (e.g., index) At Work Ottended the deceased from d olive on ed obove. (1) (We) (did) (did not) Att. Phy	20A. AUTOPSY? (Yes or No) 20B. IF NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCC 21F. HOW DID injury Occur 19	YES, WERE FINDINGS CONSIDERED TIFFING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR? to MESONTLY 19 (our) opinion death occurred on the do
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IN 194. DATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) ANTECEDENT CAUSE OF TOTAL CONTRIBUTION (APPROX.)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.) (Hour) 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.) While At Not While At Not While At Work) ottended the deceased from dolive on dolive on M.D. Att. Phy	20A. AUTOPSY? (Yes or No) 20B. IF NO n or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCC 21F. HOW DID injury OCC and that in (my or or or obout o	YES, WERE FINDINGS CONSIDERED TIFFING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR? to MESONTLY 19 (our) opinion death occurred on the do
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise in the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH (notify medicol exomines) 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines) 21.D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.) 22. I certify the (I) (this hospitely that (I) (we) lost sow the deceose ond hour ond from the couses stot 23A. SIGNIFIED CAUSE OF DEATH (NOTIFY MADE (Type)) MALCOLM S. PAA. BURIAL CREMATION, [248, DATE	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.) (Hour) 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.) While At Not While At Not While At Work) ottended the deceased from dolive on dolive on M.D. Att. Phy	20A. AUTOPSY? (Yes or No) 20B. IF NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCC 21F. HOW DID INJURY OCCUR? 19 57 ond that is (my riew the bady ofter death. 23D. ADDRESS 2217 SOUTH ROAD	YES, WERE FINDINGS CONSIDERED ITIFYING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR? to Meson TLY 19 (our) opinion death occurred on the do
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise is the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT 19A. DATE OF OPERATION 19B. CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 22. I certify the (I) (this hospital) that (I) (we) lost sow the decease and hour and from the causes state 23A. SIGNIFIED CAUSE OF MALCOLM S. 23A. SIGNIFIED CAUSE OF DEATH (I) (This hospital) that (I) (we) lost sow the decease and hour and from the causes state 23C. PHISICIAN'S NAME (Type) MALCOLM S.	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., into the content of the	20A. AUTOPSY? (Yes or No) 20B. IF NO EN IN CER IN CER IN CER IN CER IN CER IN INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED ENTRYING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR? 10 (our) opinion death occurred on the do 23B. DATE SIGNED 9 0-767 (City, town, or county)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise is the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH (notify medicol exomines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines) 21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (notify medicol exomines) 21A. SIGNIFICAN'S (APPROX.) 22. I certify the (I) (this hospitely that (I) (we) lost sow the deceose ond hour ond from the couses stote 23A. SIGNIFIES 23C. PHISCAN'S NAME (Type) MALCOLM S.	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., index, order) (Hour) 21E. INJURY OCCURRED While At Not While At Work Ottended the deceased from the dolive on the dolive	20A. AUTOPSY? (Yes or No) 20B. IF NO EN IN CER IN CER IN CER IN CER IN CER IN INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED TIFFING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR? to Mesontly 19 (our) opinion death occurred on the death of the death occurred on the death occurred occurred on the death occurred occu

11-11-11

PUPIUS AMEURISM

THORAS GORNE AMERICAN > E PERSON

ATHERISALIFINA OF MOREA 2 C 1979

01/0

01/

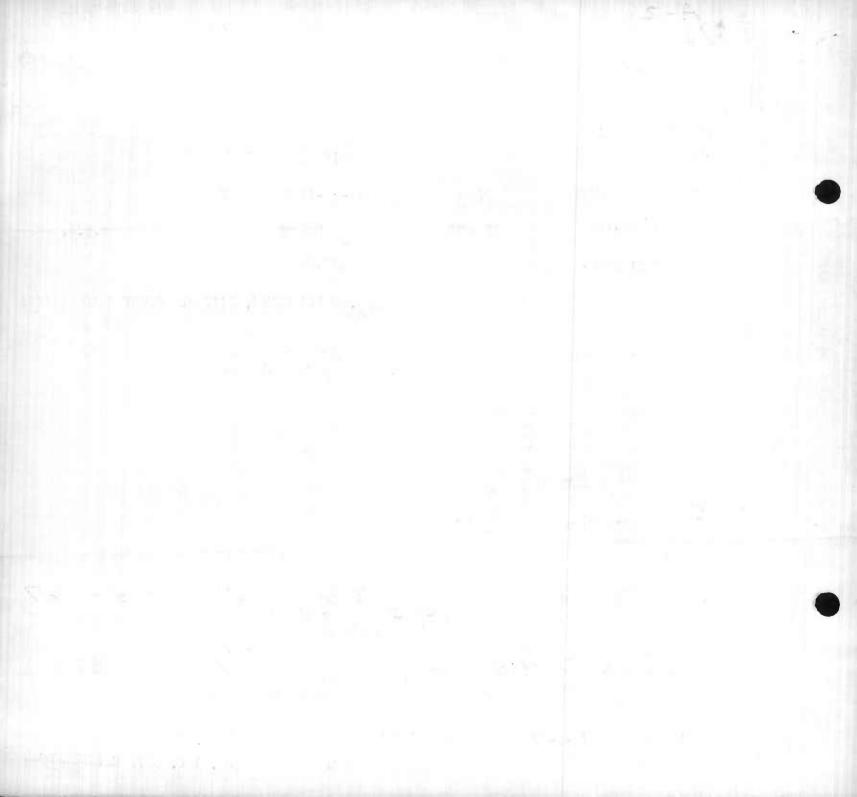
-5961

FUNERAL DIRECTOR: IMPORTANT

BIRTI	1 NO.	673 CERTIFICA	TE OF DEATH Registered No.	01 30/3
1, N/	CASE NO. AME OF DECEASED OF Print)	L. BESEL	2. DATE AND HOUR OF DEATH	171 11
3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND	L. /J2-01	4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before admission)
EI	ULL NAME OF (If not in hospital or institu	ition give street		
H	OSPITAL OR oddress or location)	Tion, give sheet	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
IN	IGRAM HALL APTS, APT. 100	5	BALTIMORE	21-20
	301 PARK HEIGHTS AVENUE		D. STREET ADDRESS (If rurol, give locotion) INGRAM HALL APTS, APT, 106	1301 DADK HOHTS A
5. SI			B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
1	Martin A. A. M. Comp.	OWED, DIVORCED (specily)	4-12-1895 lost birthdox)	Months Doys Hours Min.
Øλ.	USUAL OCCUPATION (Give kind of work 108, KIN during most of working file, even if refired)			12. CITIZEN OF WHAT COUNTRY?
one		AT HOME	BALTIMORE, MARYLAND	U.S.A.
3. F	ATHERS NAME		14. MOTHER'S MAIDEN NAME	,
	JACOB LUTZKY		ANNA LEVIN	
5. V Yes.	Vos Deceosed Ever in U. S. Armed Forces? no or unknown)(II yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO		MR. JACOB BESER, 1313 ST.	ALBANS RD. #21208
	18. 4.20 11	CAUSE OI		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	cute mun and il in ha	ad : 2
	(This does not mean the mode of dying,	e.g., (A)	cute Injucardial - far.	C V / / / /
	heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	eose,		
	ANTECEDENT CAUSES	(B) /h A	en nelensu	
	DISEASES OR CONDITIONS, if ony,	giving /:		
1	rise to the obove couse (A) stoting UNDERLYING CONDITION tost.	the (6) fescions	in ocleron	monis
-	11			
ZO	OTHER SIGNIFICANT CONDITIONS CONTRIB			
ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
RTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g., in		re City, give exact location)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
>	OF INJURY (APPROX.)	While At Not While	e	
,	22. I certify that (1) (this hospital) atten		Och 1319 6/10	Och 8 1967
	that (1) (40) lost saw the deceased alive	60. 8	process Day of the Victor I continue to the co	inion death occurred on the date
	and hour and from the couses stated abo			The death occurred on the dark
- 1	23A. SIGNATURE	Ve. 57 (1107 (did 11017 V	new the body offer deom.	23B, DATE SIGNED
	Markend	(Needle Atte	ending Med. Stoll Phys.	6x 6, 1967
	23C.PHYSICIAN'S		23D. ADDRESS	1000011111
	NAME (Type) NATHAN F.	KEEDIE M.D.	6506- Part Berts	Du
24A		4C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION	City, town, or county) (State)
	BURIAL 10-10-67	BETH TFILOH	BALTIMORE, M	ARVIAND
25A		AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	UCT 1 1 1967 (1.0.s.	BE Fallenge	SOL LEVINSON & BROS. INC.	.6010 REISTERSTOWN



M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	I DOENT D	2. DATE AND HOUR OF DEAT	H
AGENSI · VOICE		OORA) 10/5/67	11:30 AU
3. PLACE OF DEATH IN BALTIMORE, MAR	MLAND	4. USUAL RESIDENCE (Where decleosed lived, If A. STATE B. COUNTY	institution: residence before admission
FULL NAME OF (If not in hospital a	e Institution and street	MARYLAND	Balle
HOSPITAL OR oddress or location	or institution, give street)		e RURAL ond give township)
INSTITUTION			e KOKAL ond give lownship?
SINAI HOSPITAL		D. STREET ADDRESS (If rural, give location)	53-00
4			
12		5017 OLD COURT ROAD	
6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months: Days Hours Min.
FEMALE WHITE	WIDOW	10-30-1889 77	
		RY 11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
HOUSEWIFE	AT HOME	POLAND	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HERSCHEL YAGER		BRONDA	
	116		A 247 2000
S. Was Deceased Ever in U. S. Armed Forc (es, no or unknown) (If yes, give wor or dates	1 6. SOCIAL S of service) SECURITY NO.	17. INFORMANT	ADDRESS
NO		MRS. JULIA SEMER. 5017 OLD	COURT ROAD #2120
1B	CAUSE	OF DEATH	INTERVAL BETWEEN
27		o. Diam	ONSET AND DEATH
DISEASE OR CONDITION DIRI	ECTLY	A 10 - 1 0211-	
	(A)	ACOUNT CANALITY	
(This does not mean the made of heart failure, asthenia, etc. It means		LERIKEDI IA	
injury or complication which caused		CELL REAL /15	
ANTECEDENT CAUSES	(B)		
	DUE TO		**************************************
DISEASES OR CONDITIONS, if a			
UNDERLYING CONDITION lost.	sioning ine (C)		
11			
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING		
E TO THE DEATH BUT NOT RELAT	TED TO THE		
DISEASE OR CONDITION CAUSING IT		120 A AUTOBONS (V AL III COR	
19A. DATE OF OPERATION 19B. CONT	ORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
	3.0		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	are City, give exact location)
DEATH (notify medical examiner)	etc.)	omee orage, my oki occok:	
Carrie money medical examinen		015	
0		21F. HOW DID INJURY OCCUR?	
2			
D 21 D. TIME (Month) (Doy) (Year)	While At Not W	hile	
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While At Not W	hile	12
21 D. TIME (Month) (Doy) (Year) OF INJURY	While At Not W	hile	10-5- 1067
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While At Not Work Not Work Not Work	hile	10-5 - 1967
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) that (1) (we) last saw the decease	While At Not Work Not Work attended the deceased fram d alive an	hile	10-5 - 1967 pinian death accurred on the
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the decease and have and from the causes state	While At Not Work Not Work attended the deceased fram d alive an	hile 1967 ta 1967 ta	
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) that (1) (we) last saw the decease	White At Not Work attended the deceased fram d alive an Seed abave. (I) (We) (dld) (dld nat)	hile 1967 ta 1967 ta 1967 and that in(my) (aur) a 1968 /	pinian death accurred on the c
21 D. TIME (Manth) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the decease and have and from the causes state	While At Not Work attended the deceased fram d alive an Not Work Mile At Work Mile At Work Mile At Work At Work Mile At W	hile 1967 ta 1967 ta	
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE	While At Not Work attended the deceased fram d alive an Not Work Mile At Work Mile At Work Mile At Work At Work Mile At W	thile hite hite hite hite hite hite hite hit	
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the decease and have and fram the causes state 23A. SIGNATURE	While At Not Work Not Work attended the deceased fram d alive an M.D. A	hile 196 ta 196	
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the decease and haur and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	White At Not Work Not Work attended the deceased fram d alive an O-5 ed abave. (I) (We) (dld) (dld nat) M.D. A	Attending Med. Stoff Phys. Director Phys. D. SIIV AI HOSPITAL	
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and have and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	While At Not Work Not Work attended the deceased fram d alive an M.D. A	Attending Med. Stoff Phys. 23D. ADDRESS D. 51 IV A1 HOSPITAL	238. DATE SIGNED 10/5/67
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)	while At Not Work Not Work at woo attended the deceased fram d alive an M.D. A Pl M.E. 24C. NAME of CEMETERY of C	Attending Med. Stoff Phys. 23D. ADDRESS D. SIIVAI HOSPITAL CREMATORY 24D. LOCATION (1)	10/5/67 (City, town, or county) (State
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, REMOVAL ISpecify) BURIAL 10-8-6	while At Not Work Not Work at wo Not Work N	Attending Med. Stoff Phys. 23D. ADDRESS D. SINAI HOSPITAL CREMATORY 24D. LOCATION (CLE BALTIMORE, MA	23B. DATE SIGNED 1015167 (City, town, or county) (State
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, REMOVAL ISpecify) BURIAL 10-8-6	while At Not Work Not Work at woo attended the deceased fram d alive an M.D. A Pl M.E. 24C. NAME of CEMETERY of C	Attending Med. Stoff Phys. 23D. ADDRESS D. SI IV AI HOSPITAL CREMATORY 24D. LOCATION CO. BALTIMORE, MA	23B. DATE SIGNED 10/5/67 (City, town, or county) (State ARY LAND
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the decease and haur and fram the causes state 23 A. SIGNATURE 23 C. PHYSICIAN'S NAME (Type) 24 A. BURIAL CREMATION, REMOVAL ISpecify) BURIAL 10-8-6	while At Not Work Not Work at wo Not Work N	Attending Med. Stoff Phys. 23D. ADDRESS D. SINAI HOSPITAL CREMATORY 24D. LOCATION (CLE BALTIMORE, MA	23B. DATE SIGNED 10/5/67 (City, town, or county) (Stol.



	1-200)			HEALTH DEPARTMENT		67	9675
BIRT	H NO.	67	96	75 CERTIFICA	TE OF DEATH	Registered No		
	AME OF DECEA	SED 4			DATE A	ND HOUR OF DEATH		4
	e or Print)	Leash	, 1	Tarian K	registing P:	30/pm /	0-10	- 67 m.
3. P	LACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WH A. STATE B. COU	ere deceased lived. If in	stitution: resid	ence before odmission)
F	FULL NAME OF	(If not in hospital	or institution	give street	MARYLAN	d		
1	NO JATITUTION	oddress or locotion	n)			utside city limits, write R	URAL ond gi	ve township)
	/ /	- 11 D-	11	Gen. Hosp.	BALTINO	ORE		70-08
1				1-1.01-015.	D. STREET ADDRESS	f rural, give location)	4	
	1	N3-D2		· ·	3005 TR	EdERICK	AUE	
5. S	kmale 6.	White	WIDOW	D, NEVER MARRIED EDJ DIVORCED (specify)	12-29 - 03	9. AGE (In years lost birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs. Hours Min.
104			10B. KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN	OF
done	during most of wor	rking lile, even if retired)	01.		Panna			COUNTRY?
13.	FATHERS NAME	CK	Ship	yard	14. MOTHER'S MAIDEN NA	AAAE	U.	S. A.
1 (10	CHIEF THANK) ,) .	/		A I			
			Know		un	Known		
		f yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		Al	DDRESS
	NO	NONE		148-18-7431	HospiTAL 11	Parando		
	1B. // 5	V 1		CAUSE O	F DEATH			ERVAL BETWEEN
	DISEASE	OR CONDITION DI	RECTLY	2 /			ON	ISET AND DEATH
		ADING TO DEATH		(A) Ade)	nocarcinoma o	+ Lung	1 .3	months
		mean the made of		., DUE TO				
		Ihenio, elc. Il means ication which caused		. /	1. 1 1)	1		
	AN	TECEDENT CAUSES		(B) Meta	stosis to adja	cont organs		
	DISEASES OR	CONDITIONS, if	ony. givin	DUE TO				
	rise to the	above couse (A)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	00 00 00 00 00 00 00 00 00 00 00 00 00		<u> </u>
	UNDERLYING	CONDITION last.						
7								
ATION		TH BUT NOT RELA						
TAT	DISEASE OR CO	ONDITION CAUSING	IT.		1004 41186 2011 19	1-V 200 tm		
ERTIFIC	19A. DATE OF O	WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or h	10 208, IF YES, WERE IN CERTIFYING CAL	JSES OF DEA	ATH?
ERI	3 months	79° Sheu	as tour	to have tenni	7) VO			
_	OR CONTRIBUTE	WAS UNDERLYING DE CAUSE OF	ho	me, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give e	xoct locohon)
U	DEATH (notify m	edicol exominer)	et	с.)				
ш	21D. TIME (F	Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
2	(APPROX)			/hile At Not While At Work	е	,		1
	22. L contify th	nt (1) (this bosniss		1	30Am 10-10	19 67 to 9:30/	7144 11	1-10 19 60
				The deceased Irain	* /	1		,
	7			/0-/0	_ /	that in(my) (our) opin	nian death i	accurred an the dote
			ted abave	(I) (We) (did) (did not) v	iew the bady offer deoth	•		
	23A. SIGNATURE	1	al.			· 11 .2	23B, DATE S	SIGNED
			Mh	M.D. Atte	ending Med. Director	Stoll Phys.	10.	-10-67
	23C. PHYSICIAN NAME (Type		1		23D. ADDRESS			1
	THE TYPE	Sana	YOUND	RHIM M.D.	South Bal	A. Genera	1 1+	020
24A	BURIAL CREMA	ATION, 24B. DATE	24C.1	NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ty, town, or c	outly) (State)
	REMOVAL (Spe	egily)	107 1	1 , 11		// 1 -	~/ ·	111
254		46 10-13	6/ 19	EAdoWRIAGE	MEHORIAL 1	HOWARD Ca	inty	Md.
23A	DATE REC'D B	ORT OF I	258 NAME	OF REGISTRAR	SE ENNERAL DIRECTO	496 HUNE	CAL SHE	ADDRESS
	30.1 4.1	John Charles	1 5,46	Mason and	Hrancis H.	Mallow 210	4 Atres	besent air
VS	150-REV. 1/1/65				v			



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9676

BIRTH NO.	MED	ICAL EXAMINER'S CI	EKTIFICATE OF I	JEATH Registers	E0 140.
M.E. CASE NO.					
1. NAME OF DI	CEASED			D HOUR PRONOUNCE	DEAD
	SPEN	ICER JONES	Octob	er 8, 1967	8:00 p M.
3. PLACE IN BAI	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD			ution: residence before admission) NTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If obtside	e corporate limits, write	RURAL and give tawnship
			Baltim	ore Z	- 2 - 1
0 0 617	S. Hanover S	t.	D. STREET ADDRESS (If rurol,	give locotion)	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male	Colored	WIDOWED, DIVORCED (specify)		last birthdoy) 52	Manths Days Haurs Min.
IOA. USUAL OC		k 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NA	an Somes		14. MOTHER'S MAIDEN NAM	E	
	ED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
(Yes, na arunknaw	n) (If yes, give war or date	SECURITY NO.	Fanos R. Cost 1.	5 3815 DOP.	IELD ANG
1B. , / ¬	3/	CAUSE	OF DEATH		INTERVAL BETWEEN
400	ASE OR COMPLETON D	DECT V			ONSET AND DEATH
Dise	ASE OR CONDITION DI LEADING TO DEATH		iosclerotic Card	iovascular	
(This does	not mean the mode of e, asthenio, etc. It means	dying e.g., Dile to	Disease		
injury or c	omplication which caused	de oth.)	Disease		
	ANTECEDENT · CAUSE	•			
DISEASES	OR CONDITIONS, IF A	(R)			
RISE TO T	HE ABOVE CAUSE (A) S				
	ING CONDITION LAST.	(C)	········		00 1100 000 1111 1111 11 1111 1111 1111 1111 1111 1111
0	II				
O THE	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE			
19A. DATE C		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	208, IF YES, WERE FIN	DINGS CONSIDERED
20	WAS PER		No	IN CERTIFYING CAUSE	
UNDERLYING UTING CA	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, c etc.)	in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City, give	e exoct lacation)
21 D TIME OF INJURY	(Month) (Day) (Yeo	n) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		m. WHILE AT NOT	ORK		
22.	rtify that I held an I	Inquiry Inspection X Aut	opsy ond that on th	is bosis, death In my	y opinion
resi	olted from: Notural ca	uses X Accident Suicid	e Homicide	Undetermined monne	r 🗌
	21	1-1111	CHIEF MEDICAL EX	(AMINER	
SIGNA		1+ Wilson M.D.	ASSISTANT MEDICAL EX		DATE SIGNED
EXAMI	NER'S (Type) Edward	F. Wilson, M.D.	ASSOCIATE MEDICAL E		tober 9. 1967
23A. BURIAL CE	EMATION, 238 DATE	23C. NAME OF CEMETERY O	CREMATORY 23D. L		tawn, or county) (State)
REMOVAL (Spec	ify)- 10/1	3/67 Int Calom	n an	a. Co med	
MA. DATE REC'	D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
	OCT 11 1967	Robert E. Farluna	marshare 1	Huyer 638	ingiemon St
VS 151-REV. 1/	1/65		00405		



3	4111	
	DED OF	
	an ase th th	
	- D 0 0 0 .	
	pot of of at the	
	hos Jse (5) de	
	cau se; se; to	
	ng cau	
	de red	
	rib man	
	oon onl err re- eas	
	det det	
	de un un de	
-	4. (4) × + qsi	
Z	ath ad a	
2T/	sist the kir de de	
ō	if i	
M	lso, of of of other ten	
-	A Por	
SR:	ner actual propre	
H	mir fr ho egu	
EC	exe exe 3) A 3) A are	
FUNERAL DIRECTOR: IMPORTANT	s; (S)	
=	dicedia dicedia ysic wa	
RA	me me phy phy phy e re	
K	a a bood be	
5	by by 2) B 2) B 4 + e + phy ore	
	tal tal her to bef	
	d by	
	ho ho cep	
	the the any obt	
	of of of of obe	
	sed sed sed sed spirit spirit spirit ust	
	lea hoi hoi m	
	a re de	
	was An Prica	
	1 500 B	
	ws: Ws:	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

	967.7 CERTIFICA	TE OF DEATH	Registered No	
A.E. CASE NO. NAME OF DECEASED		2. DATE AI	ND HOUR OF DEAT	H
Martha Oliver		1	0-8-67	2-13 -
PLACE OF DEATH IN BALTIMORE MARYLAN	ND	14. USUAL RESIDENCE (Whe	ere deceosed lived. If	institution; residence before odmis
		A. STATE B. COUN	YTY	
FULL NAME OF (If not in hospital or ins	titution, give street	Maryland		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If ou	tside city limits, write	e RURAL and give lownship)
Provident Hospital		Baltimore		16-01
1514 Division Street		D. STREET ADDRESS (If	rural, give location)	
Baltimore, Maryland 21	1217	1122 Lafaye	tte Avenue	
SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	VIDOWED, DIVORCED (specify)	8/16/02	lost birthdoy	Months Doys Hours Mi
Female Negro OA. USUAL OCCUPATION (Give kind of work 10 B. I	Widowed		60	12. CITIZEN OF
one during most of working life, even if retired)		III. BIRTHILACE (31016 or tole	eign country)	WHAT COUNTRY?
	Retired	Wirginiae		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
SUSUEK HU	a Part	E.1.11	Windbus	/
			CUINGOUS	
5. Was Deceased Ever in U. S. Armed Forces? Tes.no or unknown) (If yes, give wor or dotes of s		17. INFORMANT		ADDRESS
	717-47-111207	9 MATTIE SMI	THE .	SAME
118 / V	CALISE	OF DEATH	, , ,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	ONOSE C	ebro-Vasculai		ONSET AND DEATH
ANTECEDENT CAUSES	(B)	***************************************		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoti UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving (B)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	(B)	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoti UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving (B)	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WER	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 2TA. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)	giving ing the (C) RIBUTING TO THE ON FOR WHICH OPERATION LED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving ing the (C) RIBUTING TO THE ON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whi	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID office bidg., NJURY OCCUR?	o) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doyl (Year) (Ho OF INJURY (APPROX.)	giving ing the (C) RIBUTING TO THE ON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work	in or obout 21C. WHERE DID office bldg., 21F. HOW DID IN.	O) 20B. IF YES, WER IN CERTIFYING C (If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 10 TID. TIME (Month) (Doy! (Year) (Hoof Injury (APPROX.))	giving ing lhe (C) RIBUTING TO THE 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not White At Work ended the deceosed from	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? OTE City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doyl (Year) (Ho of injury (APPROX.)	giving ing lhe (C) RIBUTING TO THE 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not White At Work ended the deceosed from	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? OTE City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIMME (Month) (Day! (Year) (Hoof injury (APPROX.))	giving ing the (C) RIBUTING TO THE PN FOR WHICH OPERATION Low to the control of the control o	20A. AUTOPSY? (Yes or N NO in or obout) 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WER IN CERTIFYING COUR? URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoli UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doyl (Year) (Ho of INJURY (APPROX.)) 22. I certify that (I) (this hospital) offer that (I) (we) lost saw the deceased oli	giving ing the (C) RIBUTING TO THE PN FOR WHICH OPERATION Low to the control of the control o	20A. AUTOPSY? (Yes or N NO in or obout) 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WER IN CERTIFYING COUR? URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoli UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doyl (Year) (Hoof INJURY (APPROX.)) 22. I certify that (I) (this hospital) attached that (I) (we) lost saw the deceased of any one of the courses stated on the course stat	giving ing the (C) RIBUTING TO THE PARTICLE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At At Work Particle Of Injury (e.g., home, form, foctory, street, detc.) While At At Work Particle Of Injury (e.g., home, form, foctory, street, detc.) At Work While At At Work Work Control Of Wei (did) (did not)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim JURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 10-8-67-19 pinion death occurred on the
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoli UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy! (Year) (Hoof INJURY (APPROX.)) 22. I certify that (I) (this hospital) other than the couses stated of any conditions on the couses stated of 23A. SIGNATURE	giving ing the (C) RIBUTING TO THE ON FOR WHICH OPERATION LED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not White At Work Cended the deceosed from ive on 10-8-67	20A. AUTOPSY? (Yes or N NO) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN. ite	O) 20B. IF YES, WER IN CERTIFYING COUR? URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 10-8-67 19 pinion death occurred on the
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoli UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines) 21D. TIME (Month) (Doyl (Year) (Hoof INJURY (APPROX.)) 22. I certify that (I) (this hospital) ofte that (I) (we) lost saw the deceased oli and hour and from the couses stated or	giving ing the (C) RIBUTING TO THE PARTICLE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At At Work Particle Of Injury (e.g., home, form, foctory, street, detc.) While At At Work Particle Of Injury (e.g., home, form, foctory, street, detc.) At Work While At At Work Work Control Of Wei (did) (did not)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim JURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 10-8-67-19 pinion death occurred on the
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoli UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy! (Year) (Ho OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) offit that (I) (we) lost saw the deceased oli and hour and from the causes stated on 23A, SIGNATURE 23C. PHYSICIAM'S NAME (Type)	giving ing the (C) RIBUTING TO THE PARTICLE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At At Work Particle Of Injury (e.g., home, form, foctory, street, detc.) While At At Work Particle Of Injury (e.g., home, form, foctory, street, detc.) At Work While At At Work Work Control Of Wei (did) (did not)	20A. AUTOPSY? (Yes or N NO in or obout) 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN. 19 ond the view the body after death. tending Med. Director 22D. ADDRESS	O) 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim JURY OCCUR? 19to hot in(my) (our) o	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 10-8-67-19 pinion death occurred on the
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 21D. TIME (Month) (Doyl (Year) (Ho of INJURY (APPROX.)) 22. I certify that (I) (this hospital) ofthe that (I) (we) lost saw the deceased oli and hour and from the causes stated on 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) Gregorio Tengco	giving ing the (C) RIBUTING TO THE PARTON WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While Al Not White Al Work Work Al Not White Al Work ended the deceosed from ive on 10-8-67. Shove. (I) (We) (did) (did not) **Ceagage** M.D. At Ph	20A. AUTOPSY? (Yes or N NO in or obout) 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN. 10—8—67. 19. 19. ond the view the body after death. tending Med. pirector 23D. ADDRESS 1514 Division	OF 20B. IF YES, WER IN CERTIFYING COUR? URY OCCUR? 19	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact locotion) 10 me 8 me 67 19 pinion death occurred on the 23B. DATE SIGNED 10 8 67
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoli UNDERLYING CONDITION last. NOTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION C	giving ing the (C) RIBUTING TO THE ON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work ended the deceosed from ive on 10-8-67. Photose. (1) (We) (did) (did not) Clarge M.D. At Ph. M.D. At Ph.	20A. AUTOPSY? (Yes or N NO N	ON 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim UNRY OCCUR? 19to	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact locotion) 10-8-67
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION lost. NOTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doyl (Year) (Ho OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) offer that (I) (we) lost saw the deceased oli and hour and from the causes stated on 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) Gregorio Tengco 14A. BURIAL CREMATION, REMOVAL (Specify) BURIAL CREMATION, 24B. DATE	giving ing the (C) RIBUTING TO THE PART OF THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White At Nork ended the deceosed from ive on 10-8-67. Bove. (1) (We) (did) (did not) Play Company M.D. At Ph. A.D. At Ph. 24C. NAME of CEMETERY or CE	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN. ile	ON 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim UNRY OCCUR? 19to	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct locotion) 10-8-67 19-91 pinion deoth occurred on the 23B. DATE SIGNED 10-8-67 (City, town, or county) (Sto
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoli UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doyl (Year) (Ho OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) offer that (I) (we) lost saw the deceased oli and hour and from the causes stated on 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) Gregorio Tengco 4A. BURIAL CREMATION, REMOVAL (Specify) BURIAL CREMATION, REMOVAL (Specify)	giving ing the (C) RIBUTING TO THE ON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work ended the deceosed from ive on 10-8-67. Photose. (1) (We) (did) (did not) Clarge M.D. At Ph. M.D. At Ph.	20A. AUTOPSY? (Yes or N NO N	ON 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim UNRY OCCUR? 19to	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact locofion) 10-8-67 19 23B, DATE SIGNED 10-8-67

almies as Suscuex Humbood Ad the Windowsh 112-52-1120 HAVENE Sincer Some

EURINA 12-27 LARGER HER PAR KAWAR HOLL

Marie Consider Mine 1844 College St.

BIRTH NO.	67	9678 CERTIF	ICATE OF DEATH	Registered Na			
M.E. CASE NO.	SED		2 DATE AN	D HOUR OF DEATH			
(Type or Print)	4	F- 4			1600		
2 PLACE OF DEATH	TICHALOW	SKI FRANK	UCT	OBER 11, 196	7 5 · 50 A. nution: residence before admiss		
S. PEACE OF DEATH	IN BALIMORE MAI	RILAND	A. STATE B. COUNT	TY	ionon, residence beiore odnass		
FULL NAME OF	(If not in hospital a	or institution, give street	MARYLAND				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION							
INSTITUTION			BALTIMORE		10-01		
Summer	HOME AND	HOSPITAL		urol, give location)			
CHUYEH	HONE HIT	, 1,00.1,7,7	107 KI PILL	DIEVICT			
			100/1 60/	1-E/ V/			
, SEX 6.	RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (spec		9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mir		
MALE	WHITE	MARRIED	8 30190	777 42			
OA. USUAL OCCUPA		108. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State or foreign	gn country	12. CITIZEN OF		
one during most of worl	king life, even if retired)		.0		WHAT COUNTRY?		
Not Kno.	NN		POLAND		POLAND		
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ΛE			
not be	ow u		5 . 1 la.	onn			
			1401 10				
c. Was Deceased Ev (es, no or unknown) (If	er in U. S. Armed Ford yes, give wor or dote:	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
. 0		not know					
18.	Temen		USE OF DEATH		INTERVAL BETWEEN		
140	X		OJE OF DEATH		ONSET AND DEATH		
	OR CONDITION DIR	RECTLY	C	1	1 4		
	ADING TO DEATH	(A)	Carcinoma of	lung (R) side	6 month		
	meon the mode of		TO	X	# ### ## ## ## ## ## ## ## ## ## ## ##		
	thenio, etc. II meons			0			
injury or compli-	cafion which caused	death.)	A 1 1 1	D A			
ΔN	TECEDENT CAUSES			A A BI	- 1		
711	TECEDENT CAUSES	(B)	Arteriosciente	Cardiovas cul	ar 6 mil		
		(B) DUE	Materioscient C	disen	av 6 mm		
DISEASES OR	CONDITIONS, if	any, giving					
DISEASES OR		any, giving	Hytenosciente				
DISEASES OR	CONDITIONS, if o	any, giving					
DISEASES OR rise to the UNDERLYING	CONDITIONS, if a obove cause (A) CONDITION lost.	any, giving stating fhe (C)					
DISEASES OR rise to the UN DERLYING O	CONDITIONS, if obove cause (A) CONDITION lost. ANT CONDITIONS CONTROL OF THE BUT NOT RELA	any, giving stating the (C) ONTRIBUTING ITED TO THE					
DISEASES OR rise to the UNDERLYING O	CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITIONS CONTROL OF THE BUT NOT RELATED TO CAUSING IT	any, giving stating the (C) ONTRIBUTING TO THE					
DISEASES OR rise to the UN DERLYING OF THE DEA' DISEASE OR CO	CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITIONS C TH BUT NOT RELA NDITION CAUSING IT PERATION 198. CONIII WAS PERF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION	N 20A, AUTOPSY? (Yes or No		IDINGS CONSIDERED		
DISEASES OR TISE TO THE UNDERLYING OF THE DEA' DISEASE OR CO	CONDITIONS, if obove cause (A) CONDITION lost. II ANT CONDITIONS CATH BUT NOT RELANDITION CAUSING IT PERATION 198, CONTINUE (A) CATH WAS PERF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION FORMED	N 20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	IDINGS CONSIDERED		
DISEASES OR rise to the UNDERLYING OF TO THE SIGNIFIC TO THE DEA' DISEASE OR COLUMN TO THE DEA'	CONDITIONS, if obove cause (A) CONDITION lost. II ANT CONDITION CAUSING II PERATION CAUSING II PERATION 198. CONIWAS PERF	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION FORMED TO THE TO	N 20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	IDINGS CONSIDERED		
DISEASES OR rise to the UN DERLYING OF THE DEA' DISEASE OR CO 19A. DATE OF OR CONTRIBUTE OR CONTRIBU	CONDITIONS, if obove cause (A) CONDITION lost. III CANT CONDITIONS CAUSING IT OPERATION 198. CON WAS PERF	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION FORMED TO THE TO	N 20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	IDINGS CONSIDERED		
DISEASES OR rise to the UNDERLYING OF TO THE SIGNIFIC TO THE DEA' DISEASE OR COLO 19A-DATE OF OIL OF CONTRIBUTING CONTRIBUTING CONTRIBUTING DEATH (notify med	CONDITIONS, if obove cause (A) CONDITION lost. II CONDITION SCIENCE THE BUT NOT RELAINDITION CAUSING IT PERATION 198. CON. WAS UNDERLYING TO CAUSE OF edicol exominer)	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUR home, form, foctory, si etc.]	Y (e.g., in or obout 21 C. WHERE DID treet, office bldg., INJURY OCCUR?	20B. ff YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED		
DISEASES OR rise to the UNDERLYING OF TO THE DEA' DISEASE OR CO 19A. DATE OF OIL OR CONTRIBUTION CONTRIBUTION CONTRIBUTION DEATH (notify me 21D. TIME (A	CONDITIONS, if obove cause (A) CONDITION lost. III CANT CONDITIONS CAUSING IT OPERATION 198. CON WAS PERF	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION FORMED TOWNED TO	Y (e.g., in or about 21 C. WHERE DID treet, office bidg., INJURY OCCUR?	20B. ff YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED		
DISEASES OR rise to the UNDERLYING OF TO THE SIGNIFIC TO THE DEA' DISEASE OR COLO 19A-DATE OF OIL OF CONTRIBUTING CONTRIBUTING CONTRIBUTING DEATH (notify med	CONDITIONS, if obove cause (A) CONDITION lost. II CONDITION SCIENCE THE BUT NOT RELAINDITION CAUSING IT PERATION 198. CON. WAS UNDERLYING TO CAUSE OF edicol exominer)	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION FORMED STATE TO THE T. DITION FOR WHICH OPERATION FORMED STATE TO THE T. JUNE 18 PLACE OF INJURY OCCURR While At N	Y (e.g., in or obout 21 C. WHERE DID Injury occur? ED 21F. HOW DID INJU	20B. ff YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED		
DISEASES OR rise to the UNDERLYING OF THE DEA' DISEASE OR CO 19A. DATE OF OR CONTRIBUTING OR CONTRIBUTING CONTRIBUTING OF INJURY	CONDITIONS, if obove cause (A) CONDITION lost. II CONDITION SCIENCE THE BUT NOT RELAINDITION CAUSING IT PERATION 198. CON. WAS UNDERLYING TO CAUSE OF edicol exominer)	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION FORMED STATE TO THE T. DITION FOR WHICH OPERATION FORMED STATE TO THE T. JUNE 18 PLACE OF INJURY OCCURR While At N	Y (e.g., in or about 21 C. WHERE DID Injury OCCUR? ED 21F. HOW DID INJURY OCCUR?	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore C	IDINGS CONSIDERED ES OF DEATH? City, give exact location)		
DISEASES OR RISE to the UNDERLYING OF INJURY (APPROX.)	CONDITIONS, if obove cause (A) CONDITION lost. III CANT CONDITIONS CAUSING II NOT RELADION CAUSE OF REDICTION CAUSE	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION FORMED STATE TO THE T. DITION FOR WHICH OPERATION FORMED STATE TO THE T. JUNE 18 PLACE OF INJURY OCCURR While At N	Y (e.g., in or about 21 C. WHERE DID Injury OCCUR? ED 21F. HOW DID INJURY OCCUR?	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore C	IDINGS CONSIDERED		
DISEASES OR ISE TO THE DEAL DISEASE OR CO 19A. DATE OF OIL DEATH (notify me OF INJURY (APPROX.)	CONDITIONS, if obove cause (A) condition lost. II CONDITION lost. ANT CONDITIONS CATH BUT NOT RELANDITION CAUSING IT PERATION 198. CONTINUE CAUSE OF edicol exominer) Anoth) (Day) (Year)	ONTRIBUTING STEED TO THE T. DITION FOR WHICH OPERATION FORMED TO THE 21B PLACE OF INJURY home, form, foctory, st etc. (Hour) 21E INJURY OCCURR While At N Work A	Y (e.g., in or about 21 C. WHERE DID treet, office bldg., INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR?	O 208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore C	IDINGS CONSIDERED ES OF DEATH? City, give exact location)		
DISEASES OR ITSE TO THE UNDERLYING OF THE DEA' OF THE DEA' OR CONTRIBUTING OR CONTRIBUTING CONTR	CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITIONS CAUSING II PERATION 198. CONWAS PERF WAS UNDERLYING CAUSE OF edicol exominer) Anoth) (Doy) (Year) at (1) (this haspital at saw the decease	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At N Work A dalive an A	Y (e.g., in or obout 21C. WHERE DID retect, office bldg., INJURY OCCUR? ED 21F. HOW DfD INJURY OCCUR?	O 208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore C	IDINGS CONSIDERED ES OF DEATH? City, give exact location)		
DISEASES OR rise to the UNDERLYING OF TO THE DEAD DISEASE OR CO 19A. DATE OF OIL OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAPPROX.) 21D. TIME (APPROX.) 22. I certify the that (I) (we) Ia and haur and from the contribution of	CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITIONS CAUSING II PERATION 198. CONWAS PERF WAS UNDERLYING CAUSE OF edicol exominer) Anoth) (Doy) (Year) at (1) (this haspital at saw the decease	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At N Work A dalive an A	Y (e.g., in or about 21 C. WHERE DID treet, office bldg., INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR?	O 20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the court of	DDINGS CONSIDERED ES OF DEATH? City, give exact location)		
DISEASES OR rise to the UNDERLYING OF THE DEA' OF INJURY (APPROX.) DISEASE OR CO TO THE DEA' OR CONTRIBUTING OF INJURY (APPROX.)	CONDITIONS, if obove cause (A) conditions lost. III CANT CONDITIONS CAUSING III PERATION 198. CONWAS PERF WAS UNDERLYING CAUSE OF edicol exominer) Anoth) (Doy) (Year) at (1) (this haspital at saw the decease of the causes state of the causes s	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUR home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At A N Order Add alive an A Ned abave. (I) (We) (did) (did)	Y (e.g., in or obout 21C. WHERE DID retect, office bldg., INJURY OCCUR? ED 21F. HOW DfD INJURY OCCUR?	O 20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the court of	IDINGS CONSIDERED ES OF DEATH? City, give exact location)		
DISEASES OR rise to the UN DERLYING OF TO THE DEAD DISEASE OR CO 19A. DATE OF OIL OR CONTRIBUTING CONTRIBUTION DEAD CONTRIBUTION DE CONTRIBUTION	CONDITIONS, if obove cause (A) conditions lost. III CANT CONDITIONS CAUSING III PERATION 198. CONWAS PERF WAS UNDERLYING CAUSE OF edicol exominer) Anoth) (Doy) (Year) at (1) (this haspital at saw the decease of the causes state of the causes s	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUR home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At A N Order Add alive an A Ned abave. (I) (We) (did) (did)	Y (e.g., in or obout 21 C. WHERE DID Injury occur? ED 21F. HOW DID INjury occur? Work and the nat) view the bady after death.	O 20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the court of	DDINGS CONSIDERED ES OF DEATH? City, give exact location)		
DISEASES OR rise to the UNDERLYING OF TO THE DEAT DISEASE OR CO. 19A. DATE OF OIL OF CONTRIBUTING OR CONTRIBUTING CAPPROX.) 21. A ACCIDENT OR CONTRIBUTING CAPPROX.) 22. I certify the that (I) (we) I a and haur and free 23A. SIGNATURE.	CONDITIONS, if obove cause (A) cobove cause (A) condition lost. III CANT CONDITIONS CATH BUT NOT RELADING IN CAUSING IN PERATION 198. CON WAS PERFORM CAUSE OF edicol exominer) Anoth) (Day) (Year) Out (I) (this haspital st saw the decease com the causes state of the causes of the cau	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUR home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At A N Order Add alive an A Ned abave. (I) (We) (did) (did)	Y (e.g., in or about 21 C. WHERE DID treet, office bldg., INJURY OCCUR? ED 21 F. HOW DfD INJURY OCCUR? 1 Work	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the Court of th	DDINGS CONSIDERED ES OF DEATH? City, give exact location)		
DISEASES OR rise to the UNDERLYING OF TO THE DEAT DISEASE OR CO 19A-DATE OF OIL OR CONTRIBUTING CONTRIBUTION DEATH (notify me contribution)	CONDITIONS, if obove cause (A) condition lost. III CONDITION lost. CONDITION lost. CONDITION SCAUSING IT OF END IN OF RELADING IT OF RELADING IT OF READING IT OF READING IT OF READING IT CAUSE OF Edicol exominer) Month (Doy) (Year) Out (I) (this haspital st saw the decease rom the causes state of the causes of the cause	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUR home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At A N Order Add alive an A Ned abave. (I) (We) (did) (did)	Y (e.g., in or obout 21 C. WHERE DID Injury occur? ED 21F. HOW DID INjury occur? Work and the nat) view the bady after death.	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the court of th	DDINGS CONSIDERED ES OF DEATH? City, give exact location)		
DISEASES OR rise to the UN DERLYING OF TO THE DEAT DISEASE OR CO 19A. DATE OF OIL OR CONTRIBUTION DEATH (notify me 21D. TIME (APPROX.) 22. I certify the that (I) (we) Ia and haur and fr 23A. SIGNATURE-23C. PHYSICIAN'S	CONDITIONS, if obove cause (A) condition lost. III CONDITION lost. CONDITION lost. CONDITION SCAUSING IT OF END IN OF RELADING IT OF RELADING IT OF READING IT OF READING IT OF READING IT CAUSE OF Edicol exominer) Month (Doy) (Year) Out (I) (this haspital st saw the decease rom the causes state of the causes of the cause	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUR home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At A N Order Add alive an A Ned abave. (I) (We) (did) (did)	Y (e.g., in or about 21 C. WHERE DID treet, office bldg., INJURY OCCUR? ED 21 F. HOW DfD INJURY OCCUR? 1 Work	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the Court of th	DDINGS CONSIDERED ES OF DEATH? City, give exact location)		
DISEASES OR rise to the UN DERLYING OF TO THE DEA'DISEASE OR CO 19A. DATE OF OIL OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAPPROX.) 21D. TIME (APPROX.) 22, I certify the that (I) (we) Ia and haur and free 23A. SIGNATURE-23C. Physician's NAME. Type	CONDITIONS, if obove cause (A) condition lost. II CONDITION lost. III CONDITION SCAUSING IT PERATION 198. CONWAS PERFORM CAUSE OF edicol exominer. III CAUSE OF Edicol exominer.	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At A A) attended the deceased from and alive an A (ed abave. (I) (We) (did) (did) (LISAG	20A. AUTOPSY? (Yes or No. Y(e.g., in or obout 21 C. WHERE DID Itreet, office bldg., INJURY OCCUR? ED 21F. HOW DID INJURY TO 5 6 1 19 and the nat) view the bady after death. D. Attending Med. Phys. 23D. ADDRESS M.D. Church Amic.	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the Court of th	DINGS CONSIDERED ES OF DEATH? City, give exact location) The control of the con		
DISEASES OR rise to the UN DERLYING OF TO THE DEA'DISEASE OR CO 19A. DATE OF OIL OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAPPROX.) 21D. TIME (APPROX.) 22, I certify the that (I) (we) Ia and haur and free 23A. SIGNATURE-23C. Physician's NAME. Type	CONDITIONS, if obove cause (A) cobove cause (A) condition lost. III ANT CONDITION SCAUSING IT PERATION 198, CONIVAS PERF WAS UNDERLYING IT Anoth) (Day) (Year) Anoth) (Day) (Year) Anoth) (Day) (Year) Of (I) (this haspital st saw the decease come the causes state of the causes	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUR home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At A N Order Add alive an A Ned abave. (I) (We) (did) (did)	20A. AUTOPSY? (Yes or No. Y(e.g., in or obout 21 C. WHERE DID Itreet, office bldg., INJURY OCCUR? ED 21F. HOW DID INJURY TO 5 6 1 19 and the nat) view the bady after death. D. Attending Med. Phys. 23D. ADDRESS M.D. Church Amic.	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the Court of th	DINGS CONSIDERED ES OF DEATH? City, give exact location) THE CONSIDERED THE		
DISEASES OR rise to the UNDERLYING OF UNDERLOOP OF UNDERLYING OF UNDERLOOP OF UNDERLYING OF UNDERLOOP OF UNDERLYING OF UNDERLYIN	CONDITIONS, if obove cause (A) cobove cause (A) condition lost. III ANT CONDITION SCAUSING IT PERATION 198, CONIVAS PERF WAS UNDERLYING IT Anoth) (Day) (Year) Anoth) (Day) (Year) Anoth) (Day) (Year) Of (I) (this haspital st saw the decease come the causes state of the causes	ONTRIBUTING STEED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUR home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At Nork A A A A A A A A A A A A A	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the Court of th	DINGS CONSIDERED ES OF DEATH? City, give exact location) The control of the con		
DISEASES OR rise to the UNDERLYING OF UNDERLOOP OF UNDERLYING OF UNDERLOOP OF UNDERLYING OF UNDERLOOP OF UNDERLYING OF UNDERLYIN	CONDITIONS, if obove cause (A) cobove cause (A) condition lost. III ANT CONDITION SCAUSING IT PERATION 198, CONIVAS PERF WAS UNDERLYING IT Anoth) (Day) (Year) Anoth) (Day) (Year) Anoth) (Day) (Year) Of (I) (this haspital st saw the decease come the causes state of the causes	ONTRIBUTING STEED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUR home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At Nork A A A A A A A A A A A A A	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the Court of th	DINGS CONSIDERED ES OF DEATH? City, give exact locotion) The control of the con		
DISEASES OR rise to the UNDERLYING OF TO THE DEAT DISEASE OR CO. 19A. DATE OF OIL OF CONTRIBUTING OF INJURY (APPROX.) 22. I certify the that (I) (we) I a and haur and free 23A. SIGNATURE: 23C. PHYSICIAN'S NAME (Type 23C. PHY	CONDITIONS, if obove cause (A) cobove cause (A) condition lost. III ANT CONDITION SCAUSING IT PERATION 198, CONIVAS PERF WAS UNDERLYING IT Anoth) (Day) (Year) Anoth) (Day) (Year) Anoth) (Day) (Year) Of (I) (this haspital st saw the decease come the causes state of the causes	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY home, form, foctory, si etc. (Hour) 21E. INJURY OCCURR While At A A) attended the deceased from and alive an A (ed abave. (I) (We) (did) (did) (LISAG	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Court of the Court of th	DINGS CONSIDERED ES OF DEATH? City, give exact location) The control of the con		

Quality and

BIALL I INFORE

CHURCH COME AND HOSPITAL

108 18 STIME MIPRIETP

POLANS None Person

would ten mound dud

-war at Finns

Carrisona of languelands from

Broken wales of a Carefrons donne

> not known Obsessions bearing 2317

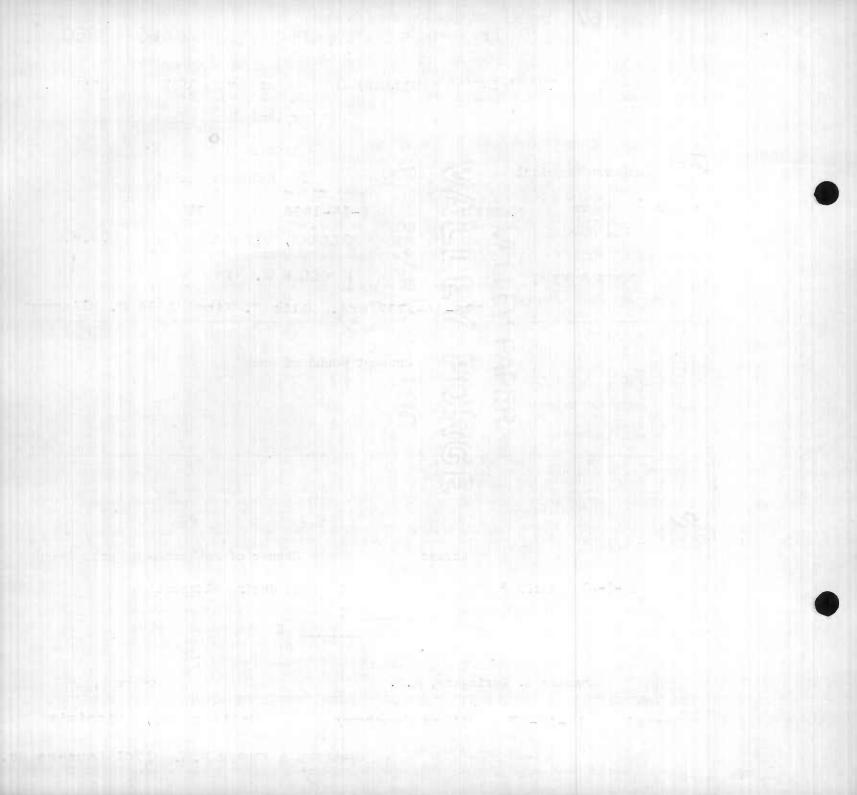
VS 150-REV. 1/1/65



67 9680 baltimore city health department

IRTH NO.	WED	ICAL EXAM	INER'S CI	ERTIFICA	IE OF DEATH Registe	19 No. 303U
LE CASE NO.						
NAME OF DEC		E.			2. DATE AND HOUR PRONOUNC	
	EMI		(Will		October 8, 1967	12:10 A. M.
	MORE, MARYLAND, V			A. STATE	DENCE (Where deceased lived, If inst B. COU Maryland	INTY
LL NAME OF	ADDRESS OR LOC	AL OR INSTITUTION, ATION)	GIVE STREET		Maryland WN (If outside corporate limits, write Baltimore	RURAL and give township)
99 Lu	theran Hosp	ital	(DOA)		PRESS (If rurol, give locotion) 1534 Ellamont Stree	t
EX /	6. RACE	7. MARRIED, NEVER		8. DATE OF BIRT	TH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Female	Negro	MARRIED		6-16-1		Months Doys Hours Min.
	PATION (Give kind of wo orking life, even if retired)	k TOB. KIND OF BUSIN	ESS OR INDUSTRY		(Stote or foreign country) AX, VIRGINIA	12. CITIZEN OF WHAT COSNEY?
ATHER'S NAM	E			14. MOTHER'S A	MAIDEN NAME	
	JOHN A KI	NG		OL	LIE E. KING	
WAS DECEASED	O EVER IN U.S. ARME	D FORCES? 16. SO	CIAL CURITY NO.	17. INFORMANT		ADDRESS
, iis of cilkinowill	, 00, 9146 WOI OI 001		-44-2737	Mrs. O	llie E. King 1!	534 N. Ellamon
1B.	- / \/		CALLSE	OF DEATH	_	INTERVAL BETWEEN
heart failure, injury or com AI DISEASES C	of meon the mode of asthenia, etc. It mean application which coused on the country of the countr	s the diseose, death,) ES ANY, GIVING	(B) DUE TO	wounc	l of back	
	G CONDITION LAST.		(C)			
	II.				_	
TO THE I	IIFICANT CONDITIONS DEATH BUT NOT R	ELATED TO THE	.*	***************************************		
19A. DATE OF	OPERATION 198, CO	NDITION FOR WHICH	OPERATION		Y? (Yes or No.) 20B. IF YES, WERE FILL IN CERTIFYING CAU	
21 A. EXTERNAL UNDERLYING M UTING CAUS	OR CONTRIB-	home, form, etc.)	foctory, street, o	office bldg., INJUF	WHERE DID (If in Boltimore City, give occur? Corner of Ashburt	10-00
OF INJURY (APPROX.)	(Month) (Doy) (Ye		URY OCCURRED	WWW. 5	OW DID INJURY OCCUR?	
22.	10-7-67 1	L.JJ Im. WORK			Shot during alterca	
	ify that I held an				nd that an this basis, death in m	
result	ed from: Natural co	ouses Accide	nt Suicid		Undetermined mann	ar []
ACTUAL SIGNATU	A A A A A A A A A A A A A A A A A A A	5. 5	Zal M.D	A CELETANIT A	MEDICAL EXAMINER X	DATE SIGNED
EXAMIN NAME (T	ER'S Charle	s S. Springa	ite, M.D.	ASSOCIATE		ctober 8, 1967
MOVAL (Specify) Buria			ngs Cemetery		23D. LOCATION (City,	, town, or county) (Stote) Virginia
	BY HEALTH DEPT.	24B, NAME OF REG	-	24C. FUNE	RAL DIRECTOR ON & DYETT F.H.	ADDRESS 1701 Laurens

VS 151-REV. 1/1/65



		0001	BALTIMORE CITY	HEALTH DEPARTMEN	T		
BIRTH NO.	67	9681	CERTIFICA	TE OF DEAT	H Registered Na	67	9681
M.E. CASE NO.				DAT	E AND HOUR OF DEATH		
Type or Print)	MAGGIE	BRID	SPR	/	0/10/67	1/2	LIDEA.
PLACE OF D	EATH IN BALTIMORE, M		923	4. USUAL RESIDENCE	Where deceased lived, If in	stitution; residenc	e before odmission
				A. STATE B. C	OUNTY		
HOSPITAL OF		ol or institution, give : ion)	street	MARGUAN C. CITY OR TOWN	If outside city limits, write	BUIDAL	
INSTITUTION				BALTIM		KORAL and give	township)
SIFRI	FUKLIN SQ	UARE HE	DSP/TAL	D. STREET ADDRESS	(If rurol, give location)	> "	0
560				321 1	1. CAREY		
SEX	6. RACE	7 MARRIED, NEV	ER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	. If Under 24 Hrs
I	COLDREN		VORCED (specify)	Windows	lost birthd	Months Doys	Hours Min.
A USUAL OC	CUPATION (Give kind of we	ork 10B. KIND OF BUS	INESS OR INDUSTRY	MAC 19 190	foreign country)	12. CITIZEN O	F
ne during most	of working fife, even if retired		integy on mooghi.	1 1 1	C A	WHAT CO	
	ONE			COLUMBU	5, 5.C	4.5	5 · A .
- FATHER'S N	AME /			14. MOTHER'S MAIDEN	NAME		
Bul	5 CAPPAU	ממע		MARTI	HEARKA	MAIN	
Wos Deceos	ed Ever in U. S. Armed F	orces? 16.	SOCIAL	17. INFORMANT	HANNE	ADDR	ESS
es, no or unkno	wn) (If yes, give wor or do	ofes of service)	SECURITY NO.	MEDICA	L RELOW	ED	
110 1 1		<u> </u>	Ž				
1B. 2 9	16.0		CAUSE	F DEATH			AND DEATH
DISE	ASE OR CONDITION D	LAI	THE DI	Ougonasia	Em Cole	a.L.	a lex-
(This does	naf mean the made	- 1	K (A)	an colory			
heort failur	e, osthenia, etc. It mean amplication which couse	s fhe diseose	13	. o 1.	- odena		
injury dr Ci	ANTECEDENT CAUSE	< ;	1 1 com	sucaking.	ex revision		
DISEASES		4	6116	in of the	(2) loine		
	OR CONDITIONS, if the abave couse (A		2(6) 2-12	1. / /			
	NG CONDITION losf.	5	x of	telue by		+ /	mouth
	ll l	=	6 M.			(37 DAYS
	DEATH BUT NOT RE		(/)				
DISEASE O	R CONDITION CAUSING	ir.	V1.				
19A. DATE		NOTION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA		
010-	-9-61 Rue	RNS (JKIN	(GRAFTS)	100			
	DENT WAS UNDERLYING	21 B. PLA	CE OF INJURY (é.g., im, foctory, street, c	n or obout 21C. WHERE DI	R? (If in Baftimore	City, give exoct	l location)
DEATH (not	lify medical examiner)	etc.)	HOME	321	N. CAREY	- 5-/	of all
OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21 E. INJ	JRY OCCURRED	21F. HOW DIE	INJURY OCCUR?	0	_
(APPROX.)	9-3-67 1	While A	Not Whi	STERNE Xº	T APPARENTL	Y JMOKIA	JG LN BE
22 1		1 11100		12/10	1967 10	10/10	10/07
	fy that (I) (this hospit		10 / 10	1//7	- (, , , , ,	19.0.
	e) last saw the decea		/	/	d that in(my) (aur) api	nian death acc	urred an the da
		ated abave. (I) (Wa	e) (did) (did nat)	view the bady after de	oth.		
23A. SIGNA		6.				23 B. DATE SIGN	IED /
11	mas u.	Unicos	M.D. Att	ending Med. Director	Stoff Phys.	10/1	10/67
23C. PHYSIC	IAN'S (Type)	1		23D. ADDRESS		1	
TE	MAS A.	ALVERO	M.D.	FRANKE	-IN SQUA	THE KILL	OSPITAL
A. BURIAL CI		24C. NAME	of CEMETERY of CR	EMAJORY 24	D. LOCATION (Ci	ly, lown, or count	ty) (Stote)
REMOVAL	(Specity)	12 NI	11 6 201	10.	Roll		11
DURIE SA, DATE REC	D BY HEALTH DEPT.	258, NAME OF RE	HUDGENO GISTRAR	25C. FUNERAL DIRE	DAITU.	AP	DDRESS
		4	Farlieus A.	HI PO	De 11-1	1000	FURE33
C 150 PF11 11	OCT 1.1 1967	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOTAL ME	110Kton C	DYCTT +. H	1101 HA	UKONS DI
'S 150-REV. 1/	1/65 // /		7	The state of the s			

-274-36/4000

BALTIMORE CITY HEALTH DEPARTMENT

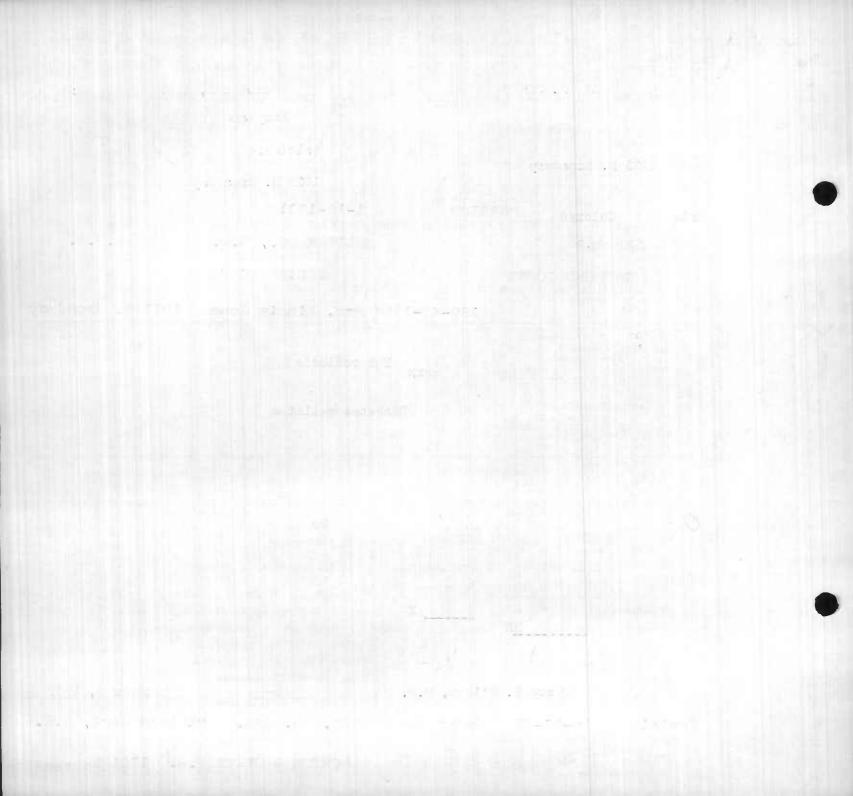
	DALTIMORE CITT	EALTH DEI ARTMEITT			CIPY	000
CAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registere	JAJ	968

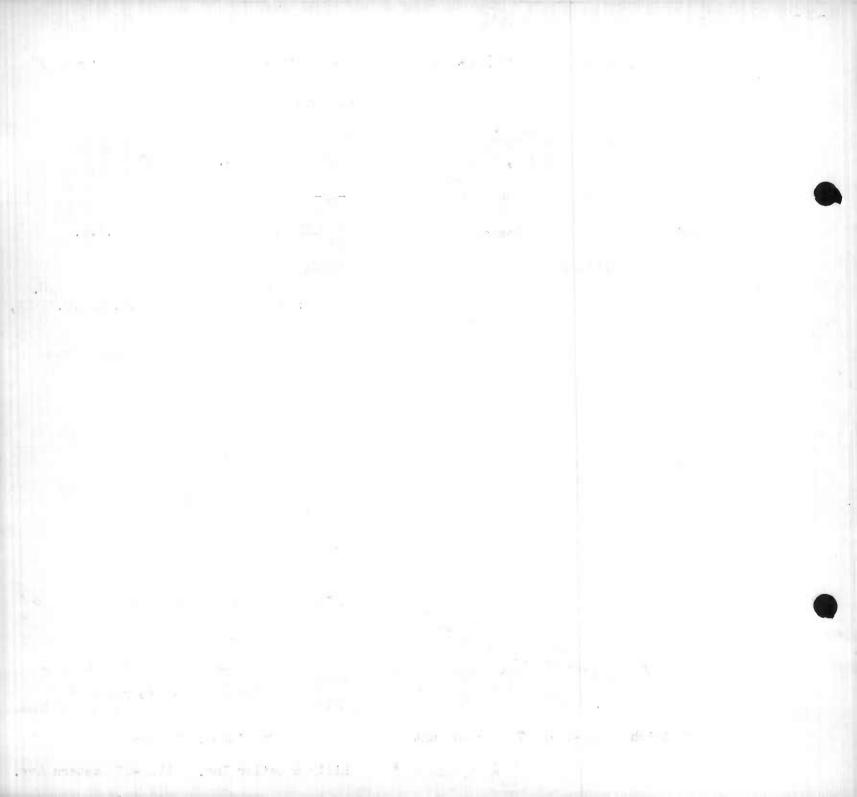
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD October 8, 1967 9:30 p.M.

4. USUAL RESIDENCE (Where deceased lived. II institution: residence belore admission)
A. STATE
B. COUNTY LEE A. JONES 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give town hip) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 1023 N. Broadway B. DATE OF BIRTH 9. AGE fin years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED II Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min. WIDOWED, DIVORCED(specify) 1-18-1931 MARRIED Colored TOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or fareign country) 12. CITIZEN OF done during most of working life, even if retired)

LABORER WHAT COUNTRY? HALIFAX CO., N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LOUISE SCARBROUGH RAYMOND JONES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, na or unknown), (If yes, give war ar dotes of service) 1023 N. Broadway 239-48-1264 Mrs. Minnie Jones INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Tuberculosis (This does not mean the mode of dying, e.g., heart lailure, asthenio, etc. It means the disease, injury or complication which caused death.) DUNENDE (B) Diabetes mellitus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICA OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Baltimare City, give exact lacation) home, farm, factory, street, affice bldg., NJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE Inspection X Autopsy I certify that I held an Inquiry and that on this basis, death In my apinian resulted fram: Natural causesXX Suicide Homicide Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE_ ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Edward F. Wilson, M.D. October 9, 1967 23A. BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specily) Cedar Creek Bapt. Ch. Cem. Scotland Neck, N.C. Burial 10-13-67 24A, DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR ADDRESS 24C. FUNERAL DIRECTOR 1701 Laurens St MORTON & DYETT F.H.

VS 151-REV. 1/1/65





BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

hospital

IMPORTANT

DIRECTOR:

FUNERAL

by

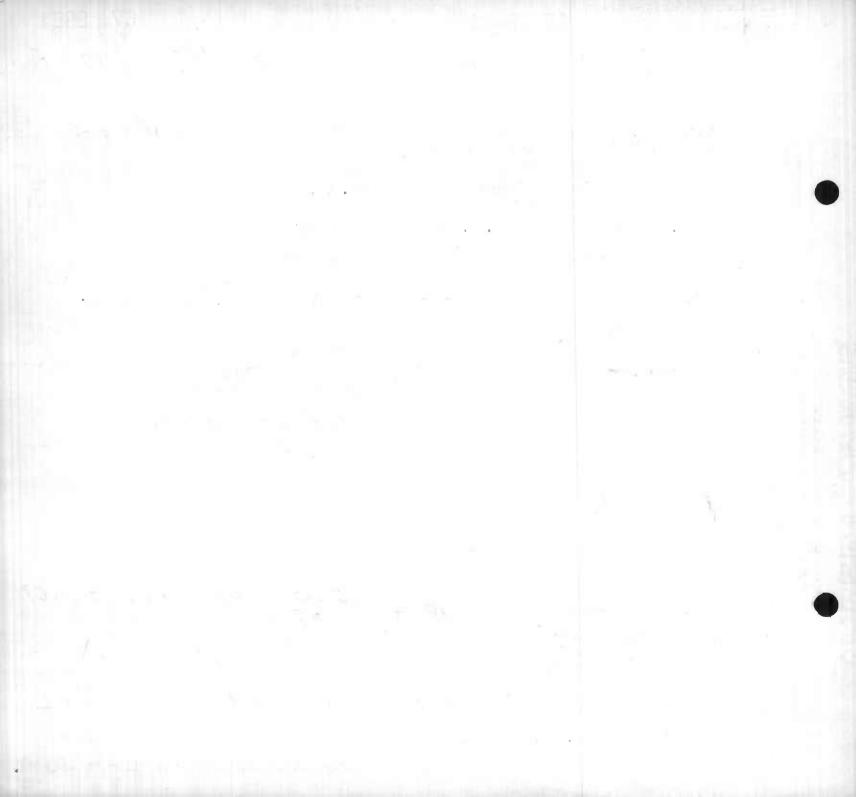
approved

Virginia ADDRESS

II Under 24 Hrs.

Hours

INTERVAL BETWEEN ONSET AND DEATH



BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED

FULL NAME OF HOSPITAL OR INSTITUTION

Male

B. T. 2

ACTUAL

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type) 23A. BURIAL CREMATION,

24A. DATE REC'D BY HEALTH DEPT.

23B. DATE

Oct. 11, 1967

5. SEX

QCQ5 BALTIMORE CITY HEALTH DEPARTM

JACK

South Baltimore General Hospital

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

6. RACE

done during most of working life, even il retired)

White

COLLEY

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)

U. S. Navy

Charles S. Springate, M.D.

248, NAME OF REGISTRAR

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

10A. USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA

0000					00
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Regis	rered No.

TH DEPARTMENT	1	000
RTIFICATE OF D	EATH Regist	red N.67 9685
2. DATE AND	HOUR PRONOUN	CED DEAD
Octobe	er 9, 1967	7:55 P.
4. USUAL RESIDENCE (Where of A. STATE Michigan	deceased lived, If in: B. CO	stitution: residence belare admission) UNIY
C. CITY OR TOWN (If outside	carporate limits, wri	te RURAL and give township)
Grand Rapids		11-19
D. STREET ADDRESS (If roral,	give location)	*
2338 Byro	on Century	Avenue
8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.
Jan. 20, 1939	28	
11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
Michigan		WHAT COUNTRY?

DATE SIGNED

(State)

October 10, 1967

ADDRESS

Grand Rapids Michigan

(City, tawn, or county)

Home of Harry Witzke Ellicott City Maryland

13,	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Clyde W. Colley		Lela M. Ypma		
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no arunknawn) (If yes, give war or dotes of service)	16. SOCIAL SECURITY NO. 366-36-8589	George M. Rooney	U. S.S. N1778 A E FPO New York	23
Z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT: CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		of DEATH	ries	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED WAS PERFORMED Head in 10-7-67 21A. EXTERNAL CAUSE WAS UNDERLYING WAS OF DEATH.	HE WHICH OPERATION JUTY PLACE OF INJURY (e.g., , form, lactory, street,	Yes in or obout 21C, WHERE DID (If office bldg, INJURY OCCUR? So	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Yes in Boltimore City, give exact location? uthwest corner of Har	
ME	21.D TIME (Month) (Day) (Year) (Haud (APPROX.) 10-7-67 3:00 A. m. V	IE. INJURY OCCURRED	while X Injured du	sco Avenue	

23C. NAME of CEMETERY or CREMATORY

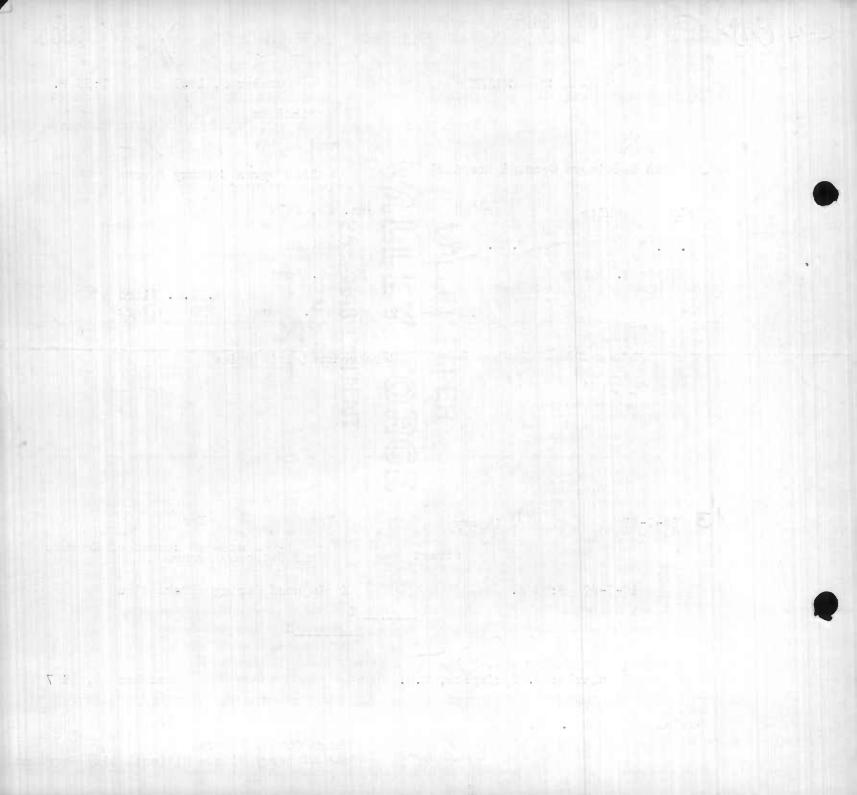
CHIEF MEDICAL EXAMINER

HOWard County Funeral

23D. LOCATION

ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER



VS 150-REV. 1/1/65

Paltimore fre Maryland Link nown WWKW OUN WIK HOWA

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



ائے شرور مستقب را کے HMU 4724 york Road. famely which 10/13/87 795675 -wales Vorgenia DMID Keom Rawle Sue aun Nortect Forgete G. Missin , in O ... III III marrison & slandation miderning of tree phangins mile for me perhamenty tenterties (pertil) mandelop f a/8/01 / 1/91 21/01 Fayell & MASSA, FAYER G. TASSA. Vinner Mountail Hospitish

(Command boundary)

OVA

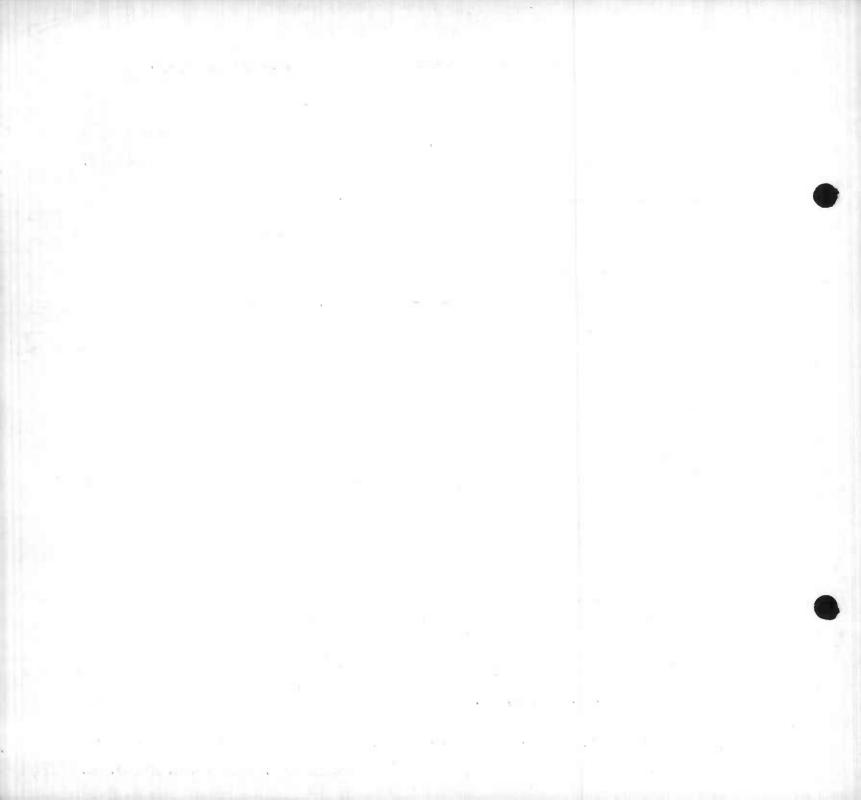
IMPORTAN

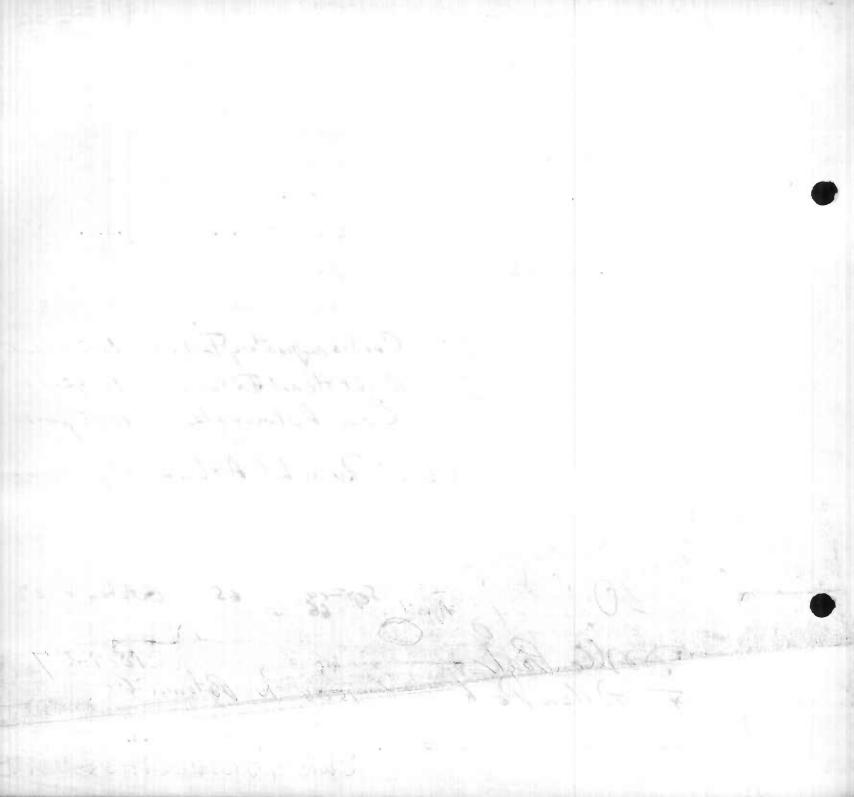
DIRECTOR:

FUNERAL

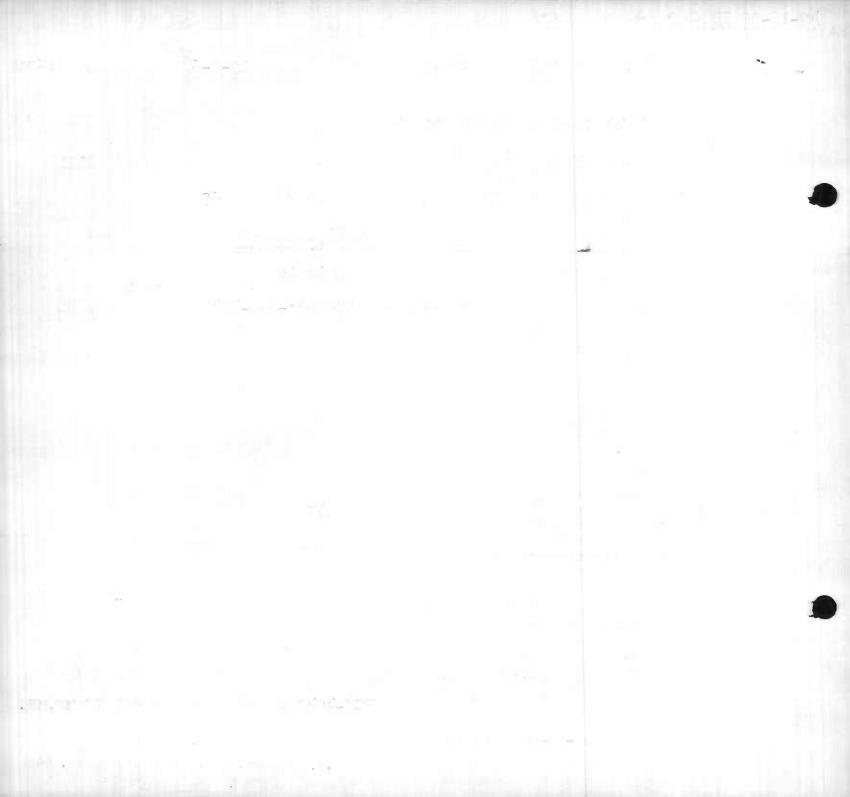
77. independent desired - in the Contract address of the The second second second The fact that may the state of the s

	OM (BALTIMORE CITY	HEALTH DEPARTMENT		67 9691
BIRT	TH NO. 67	3691 CERTIFICA	TE OF DEATH	Registered No.	07 3031
	AME OF DECEASED	021(11110)		OUR OF DEATH	
	e of Print)	t Horn	0 1		
3. 1	Margare	2 Monn	4. USUAL RESIDENCE (Where do	2 9, 1967.	M. tian: rasidance balara admission)
			A. STATE B. COUNTY	1100	non, losicones boloto comassion,
	ULL NAME OF (II not in hospital or institu	ion, give street	Md.		
	HOSPITAL OR address or location) NSTITUTION		C. CITY OR TOWN IIf autside	city limits, write RURA	L and give township)
	1600 11	11 11 01		Baltimore	e 21-0
Ι.	0 4602 Marble	Hall Rd.	D. STREET ADDRESS (If rurol,	, give location)	
			4602	Marble H	all Rd.
5. S		RIED, NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years If	Under 1 Yr. If Under 24 Hrs.
	Famala White	Widow	Nov. 28,1890	birthdayi 76 Mo	onins Days Hours Ivin.
10A	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreign of	ountry) 12	CITIZEN OF
dan	during most of working life, even if retired)		74 1 7		WHAT COUNTRY?
	Housewife		Maryland		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Frederick	Viedeck		Anne	?
	Was Deceased Ever in U. S. Armad Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	(If yes, give war or dates of serv		O Mr. Danathu	Robanan	(5000)
	110		D Mrs. Dorothy	Donanan	(same)
	18. 170 X I	CAUSE O	F DEATH	, not " Le	ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY	Cote	moma, Breast,	Left, coell	116/11
	LEADING TO DEATH	(A) PLet	inomo, Bredst,	Me 105/056	4/24/3
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc		<i>'</i>		,
	injury or complication which caused death.)	,			
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi				
	rise to the obave cause (A) stoling	-			
	UNDERLYING CONDITION last.				
-	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBI		100 ASCUA		10415.
	DISEASE OR CONDITION CAUSING IT.	19pertens	coe ASCUP		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	B. IF YES, WERE FIND	OF DEATH?
ERI	0				
O	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, larm, lactary, street, of	fice bldg., INJURY OCCUR?	Ilf in Baltimore City	y, give exact lacation)
CAL	DEATH Inatily medical examiner	etc.)			
-	21 D. TIME (Month) (Doy) (Year) (Hout)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
¥.	OF INJURY	While At Not While	e 🦳		
	(APPROX)	Work At Work		- 1979	40
	22. I certify that (I) (this hespital) attend	led the deceased from	feet. 19	6/ 10 2CADY	1962.
	that (I) (200) lost sow the deceased alive	on Sept. 1	3 19 67 and that i	n(mv) (our) opinion	deoth occurred on the dote
	and hour and from the couses stated above		- /	,, (,,,,,,	010090 011 1110 0010
	23A/SIGNATURE	/e. (1) (416) (416) (010 not) v	lew the body offer deoth.	lea f	L DATE SIGNED
	234/SIGNATURE	70 MB AUG	los — Jack — State		DATE SIGNED
	Com. Come	RN.D. Alle Phy	s. Med. Stal		9008-1961
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	DA	
	Wm. H. Kammer,	Jr. M.D.	6011 Y57 R	NN. 21	21
24A		C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	ATION (City, to	own, or county) (State)
	REMOVAL (Specify)	(11111		0 / .	44 -
	Burial 10/12/67.1V	ew (athedral (emetery	Baltimore	2, /11d.
25A	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	4. 1 7967, 17.0	Sent En Stanburge	Leonard J. Ri	uck, Inc. Ba	lto.Md. 21214
1	150-REV. 1/1/65				





VS 150-REV. 1/1/65





BIRTH NO. M.E. CASE NO.	0/	- 969	2		D IN	n/	1000
			CERTIFICA	TE OF DEATH	Registered No.	. 07	0000
I. NAME OF DEC	CASED				AND HOUR OF DEATH		
(Type or Print)	HARR I SON	. MARGA	ARET L.		OBER 9, 19		1:13P
3. PLACE OF DEA	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	here deceased lived. If		before admission
				MARYLAND	UNTY		
FULL NAME O	OF (If not in hospital oddress or location		give street		outside city limits, write	PHPA1 and give to	awashia)
INSTITUTION					ourside city limits, write	7 C	
1/10	ST. AGN	VES HOS	SPITAL	BALTIMORE Destreet Appress	(If rural, give location)	46	9-1
40	01, 7101	120 1190		FRED!	CREST RD.	21229	1
S. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	If Under 24 H
FEMALE	NEGR 0	WMARE	RED (specify)	3/3/26	lost bighdoyl	Months Doys	Hours Min.
IOA. USUAL OCCI	UPATION (Give kind of work			11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF	
HOUSE	working life, even if retired)			REIVESVILEE	NORTH CAR	OL INA U	S.A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN N		041101	
	MC CAIN			ELIZY MC CA			
					* 9 1 7		
Yes, no or unknown	Ever in U. S. Armed For		SECURITY NO.	17. INFORMANT		ADDRI	:22
NONE			214-14-7767	ST. AGNES	HOSPITAL	RECORDS	
1B. 7	OXI		CAUSE O	F DEATH			AL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY		200 for al	6 An	ONSET	AND DEATH
	LEADING TO DEATH		(A) CC	uelle !	ceens	a acce	e co
	nat mean the mode of		DUE TO//	26007	1 11 -0 1	52000	-1-01
	osfhenia, etc. It means notication which caused		1/1	18811011	1104	MCK.K	MICH
		denth)		July Edit			
			(8)	rattey	-		7
	ANTECEDENT CAUSES		(B) DUE TO	eathy.	- such	neck	eest
DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if	any, giving	DUE TO	ration	auth	perte	en se
DISEASES C	ANTECEDENT CAUSES	any, giving		iatu y nalizm insetes	suth y	perte	esisi
DISEASES C	ANTECEDENT CAUSES DR CONDITIONS, if e above couse (A) G CONDITION last.	any, giving	DUE TO	iaticy. nalizne insetes	auth ;	perte.	esisi
DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. Ill IFICANT CONDITIONS C	any, giving stating the	(C)	iatu G nalizur Paretes	auth ;	perte.	e e e e e e e e e e e e e e e e e e e
DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION last.	any, giving stating the	(C)	iatu y - valioni Probetes	auth pell	perte.	
DISEASES OF TO THE DISEASE OR DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITION CAUSING CONDITION CAUSING F OPERATION [198, CON	any, giving stating the CONTRIBUTION ATED TO THIS.	(C)	Patty Y	No. 20B. IF YES, WERE	E FINDINGS CONS	DERED
DISEASES CONTROL OF THE RESIGNATION OF THE RESIGNAT	ANTECEDENT CAUSES DR CONDITIONS, if e above couse (A) G CONDITION last. II IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING	any, giving stating the CONTRIBUTION ATED TO THIS.	(C)	20A. AUTOPSY? IYES OF YES	No) 20B. IF YES, WERI	E FINDINGS CONSI	DERED
DISEASES OF TO THE RESIGNATION OF THE RESIGNATION OF THE DISEASE OR TO THE DISEASE OR THE RESIGNATION OF T	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING CONDITION CAUSING OPERATION 19B. CONWAS PER NT WAS UNDERLYING	any, giving sfaling fhe CONTRIBUTION ATED TO THE IT.	G E WHICH OPERATION	YES	IN CERTIFYING C	E FINDINGS CONSIAUSES OF DEATH!	·
DISEASES OF THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO A COLDER OF THE DEATH (notifity)	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 19B. CONWAS PER	any, giving sfaling fhe CONTRIBUTION ATED TO THE IT.	GEWHICH OPERATION PLACE OF INJURYIe.g., integration, foctory, street, one, form, foctory, street, one, foctory, street, one, foctory, street,	YES	IN CERTIFYING C	AUSES OF DEATH?	·
DISEASES CONTRIBLE OF CONTRIBLE DEATH (notify	ANTECEDENT CAUSES OR CONDITIONS, if or obove couse (A) G CONDITION last. II IFICANT CONDITIONS CONDITION CAUSING FOREATH BUT NOT RELATED TO THE CONDITION CAUSING FOREATION 19B. CONWAS PER NT WAS UNDERLYING UTING CAUSE OF	any, giving stating the CONTRIBUTION ATED TO THE IT. HOLD TO THE IT. TO THE I	GEWHICH OPERATION PLACE OF INJURYIe.g., integration, foctory, street, one, form, foctory, street, one, foctory, s	YES	IN CERTIFYING C	AUSES OF DEATH?	·
DISEASES CONTRIBED TO THE DISEASE OR 19A. DATE OF 21A. ACCIDED DEATH (noiffy) 21D. TIME OF INJURY	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CAUSING CONDITION CAUSING FOPERATION 19B. CONWAS PER NT WAS UNDERLYING UTING CAUSE OF	any, giving sfaling fhe CONTRIBUTION ATED TO THIT. UIT. 21B. horner. (Hour) 21E. Wh	DUE TO COLORED INJURY OCCURRED	yES n or obout 21 C. WHERE DID ffice bldg., NJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?	·
DISEASES CONTRIBLE OF CONTRIBLE DEATH (notify	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CAUSING CONDITION CAUSING FOPERATION 19B. CONWAS PER NT WAS UNDERLYING UTING CAUSE OF	any, giving stating the CONTRIBUTION ATED TO THIT. ATED TO THIT. ADDITION FOR YELL OF THE CONTRIBUTION FOR MED 21B. home etc. (Hour) 21E.	DUE TO COURTED INJURY OCCURRED	yES n or obout 21 C. WHERE DID ffice bldg., NJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?	·
DISEASES OF TO THE SIGNITO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DEATH (notify CAPPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CAUSING CONDITION CAUSING FOPERATION 19B. CONWAS PER NT WAS UNDERLYING UTING CAUSE OF	any, giving stating the CONTRIBUTION ATED TO THIT. ADDITION FOR Y FORMED 21B hometc. (Hour) 21E Wh	GE WHICH OPERATION PLACE OF INJURY le.g., i ree, form, foctory, street, o INJURY OCCURRED ile At Not While risk At Work	yES n or obout 21 C. WHERE DID ffice bldg., NJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?	·
DISEASES COMISE TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO A COLOR OF CONTRIBUTION OF CONTRIBUTION OF THE CONTRI	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CAUSING E OPERATION 19B. CONWAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner (Month) (Day) (Year)	any, giving stating the CONTRIBUTION ATED TO THIT. ADDITION FOR 1 TO THE CONTRIBUTION FOR 1 TO	GE WHICH OPERATION PLACE OF INJURY le.g., i ree, form, foctory, street, o lile At Not While the deceased from	YES n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID I	IN CERTIFYING C IIf in Boltimo	TOBER9	locotion)
DISEASES CONTRIBUTED TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING FOPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medical examiner I Month) (Doy) (Year) Thot (I) (this hospito) lost sow the decease	any, giving stating the CONTRIBUTION ATED TO THIT. ADDITION FOR MED 21B, hometc. (Hour) 21E, Wh. Who Who Who Who Who Who Who	DUE TO COLORED OF INJURY OCCURRED ILE AT Work he deceased from OCTOBER 9	YES n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID I	NJURY OCCUR?	TOBER9	locotion)
DISEASES CONTRIBUTED TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour ond	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING FOPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner I Month) (Doy) (Year) Thot (I) (this hospital) lost sow the deceased of from the couses sto	any, giving stating the CONTRIBUTION ATED TO THIT. ADDITION FOR MED 21B, hometc. (Hour) 21E, Wh. Who Who Who Who Who Who Who	DUE TO COLORED OF INJURY OCCURRED ILE AT Work he deceased from OCTOBER 9	YES n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID I	NJURY OCCUR?	TOBER9	locotion) 19 67 urred on the d
DISEASES CONTRIBUTED TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING FOPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner I Month) (Doy) (Year) Thot (I) (this hospital) lost sow the deceased of from the couses sto	any, giving stating the CONTRIBUTION ATED TO THIT. ADDITION FOR MED 21B, hometc. (Hour) 21E, Wh. Who Who Who Who Who Who Who	DUE TO COLORED WHICH OPERATION PLACE OF INJURY I.e.g., in the form, foctory, street, on the form, foctory, street, on the foctory, street, s	YES n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID I CTOBER 8 19 67 ond view the body ofter deof	NJURY OCCUR?	TOBER9	locotion) 19 67 urred on the d
DISEASES CONTRIBLE OF INJURY (APPROX.) 21A. SIGNATURE OF INJURY (APPROX.) 22A. SIGNATURE OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 19B. CON WAS PER INT WAS UNDERLYING UTING CAUSE OF Medical examiner) I Month) (Doy) (Year) Thot (I) (this hospito) lost sow the deceased from the couses sto	any, giving stating the CONTRIBUTION ATED TO THIT. ADDITION FOR MED 21B, hometc. (Hour) 21E, Wh. Who Who Who Who Who Who Who	DUE TO (C) G WHICH OPERATION PLACE OF INJURYIe.g., i lee, form, foctory, street, o lee, foct	YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID I CTOBER 8 19 67 ond view the body ofter deof	IN CERTIFYING C IIf in Boltimo NJURY OCCUR? 1967 to OC that in (my) (our) or h.	TOBER9	locotion) 19 67 urred on the d
DISEASES CONTRIBLE OF INJURY (APPROX.) 21A. SIGNATURE OF INJURY (APPROX.) 22A. SIGNATURE OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 19B. CON WAS PER INT WAS UNDERLYING UTING CAUSE OF Medical examiner) I Month) (Doy) (Year) Thot (I) (this hospito) lost sow the deceased from the couses sto	any, giving sfating fhe CONTRIBUTION FOR MED CONTRIBUTION FOR MED 21B. hornetc. (Hour) 21E. Wh. wo I) ottended tied olive onted obove. (I	DUE TO (C) GE WHICH OPERATION PLACE OF INJURYIe.g., in the form, foctory, street, on the form, foctory, street, on the form, foctory, street, on the foctory of the focto	YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID I CTOBER 8 19 67 ond vlew the body ofter deot when ding Med. Director 1 23D. ADDRESS	IN CERTIFYING C IIf in Boltimo NJURY OCCUR? 1967 to OC that in (my) (our) of the control of	TOBER9 pinion death occur ALTO, MD	locotion) 19 67 urred on the d
DISEASES CONTRIBUTED TO THE DISEASE OR 19A. DATE OF 19A. SIGNATURE.	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING FOREATH BUT NOT RELATED TO THE CONDITION CAUSING OF CONDITION CAUSING OF CONDITION CAUSING OF CONDITION (198. CONDITION) If WAS UNDERLYING OF CONDITION (198. CONDITION) That (I) (this hospito) I that (I) (this hospito) I lost sow the decease of the couses sto	any, giving sfating fhe CONTRIBUTION FOR MED CONTRIBUTION FOR MED 21B hometc. (Hour) 21E, Wh wo I) ottended to do live on	DUE TO (C) G WHICH OPERATION PLACE OF INJURYIe.g., i lee, form, foctory, street, o lee, foct	YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID I CTOBER 8 19 67 ond view the body ofter deof	IN CERTIFYING C IIf in Boltimo NJURY OCCUR? 1967 to OC that in (my) (our) of the control of	TOBER9 pinion death occur ALTO, MD	locotion) 19 67 urred on the d
DISEASES CHISE TO THE DISEASE OR TO THE DISEASE OR TO A COLOR TO THE DISEASE OR TO A CONTRIBLE DEATH (notify LAPPROX.) 21 A. ACCIDE OR CONTRIBLE DEATH (notify LAPPROX.) 22 I certify that (I) (we) and hour one 23A. SIGNATURE COLOR TO THE	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medicol exominer) I Month) (Doy) (Yeot) thot (I) (this hospito) lost sow the deceosed of from the couses sto	any, giving stating the CONTRIBUTION ATED TO THE IT. ADDITION FOR THE CONTRIBUTION FOR MED 21B. Whometc. (Hour) 21E. Whometc. (Hour) 21E. Whometc. (Hour) 21E. Whometc. (Hour) 21E. Whometc.	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY I.e.g., i ne, form, foctory, street, o INJURY OCCURRED ille At	YES n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I CTOBER 8 19 67 ond view the body ofter deot ending Med. Director 23D. ADDRESS ST. AGNES	IN CERTIFYING C IIf in Boltimo NJURY OCCUR? 1967 to OC that in (my) (our) op h. Stoff Phys B HOSP; CATON	TOBER9 pinion death occur ALTO, MD	19 67 urred on the d ED 21229 NS AVES
DISEASES CHISE TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DEATH (notify CAPPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour on the disease of the diseas	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medicol exominer) I Month) (Doy) (Yeot) thot (I) (this hospito) lost sow the deceosed of from the couses sto	any, giving stating the CONTRIBUTION ATED TO THE IT. ADDITION FOR THE CONTRIBUTION FOR MED 21B. Whometc. (Hour) 21E. Whometc. (Hour) 21E. Whometc. (Hour) 21E. Whometc. (Hour) 21E. Whometc.	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY I.g., i ne, form, foctory, street, o Not Whit RA I NOT	YES n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I CTOBER 8 19 67 ond view the body ofter deot ending Med. Director 23D. ADDRESS ST. AGNES	IN CERTIFYING C IIf in Boltimo NJURY OCCUR? 1967 to OC that in (my) (our) op h. Stoff Phys CATON	TOBER9 pinion deoth occu	19 67 urred on the de ED 21229 NS AVES
DISEASES CONTINUED TO THE DISEASE OR 19 A. DATE OF 19 A. SIGNATURY (APPROX.) 21 D. TIME OF 19 A. SIGNATURY (APPROX.) 22 J. Certify that (I) (we) ond hour one 23 A. SIGNATURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 19B. CON WAS PER INT WAS UNDERLYING UNING CAUSE OF Medicol exominer I Month) (Doy) (Yeor) Thot (I) (this hospito) lost sow the deceosed of from the couses sto	any, giving sfating the CONTRIBUTION ATED TO THE IT. (Hour) 21E, Whometc. (Hour) 21E, Whometc. (Hour) 21E, Whometc. (Hour) 21E, Whometc.	DUE TO COME TO	YES n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID I CTOBER 8 19 67 ond view the body ofter deof 23 D. ADDRESS ST. AGNES EMATORY 24 D.	IN CERTIFYING C IIf in Boltimo NJURY OCCUR? 1967 to OC thot in (my) (our) or h. Stoff Phys B HOSP; CATON LOCATION	TOBER9 pinion deoth occur 238. DATE SIGN ALTO, MD & WILKE City, town, or count	19 67 urred on the discount of the discount o
DISEASES CONTRIBUTION TO THE DISEASE OR TO THE DISEASE OR TO A CCIDE OR CONTRIBUTION TO THE DEATH (NOTIFY (APPROX.) 21 Certify that (1) (we) and hour one 23A. SIGNATURE OF THE DEATH (1) (we) and hour one 23A. SIGNATURE OF THE DEATH (1) (we) and hour one 23A. SIGNATURE OF THE DEATH (1) (we) and hour one 23A. SIGNATURE OF THE DEATH (1) (we) and hour one 23A. SIGNATURE OF THE DISEASE OF THE DISE	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 19B. CON WAS PER INT WAS UNDERLYING CAUSE OF Medicol exominer I Month) (Doy) (Yeor) Thot (I) (this hospito) I thot (I) (this hospito)	any, giving sfating the CONTRIBUTION ATED TO THE IT. (Hour) 21E, Whometc. (Hour) 21E, Whometc. (Hour) 21E, Whometc. (Hour) 21E, Whometc.	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY I.g., i ne, form, foctory, street, o Not Whit RA I NOT	YES n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I CTOBER 8 19 67 ond view the body ofter deot ending Med. Director 23D. ADDRESS ST. AGNES	IN CERTIFYING C IIf in Boltimo NJURY OCCUR? 1967 to OC thot in (my) (our) or h. Stoff Phys B HOSP; CATON LOCATION	TOBER9 pinion deoth occur 238. DATE SIGN ALTO, MD & WILKE City, town, or count	19 67 urred on the description of the description o

THE TALL SENTENCE STREET STREET THE HEALTH STATE OF THE STATE O AN LEWIS CONTRACT OTHER BUALBAL ALIAND VEGULERINE THE STATE OF THE S

DAT CARD TO THE STEE

The state of the s

Kingel 19/15/17 Kanto Kation and Carto Mary Land

IMPORTANT

DIRECTOR:

FUNERAL

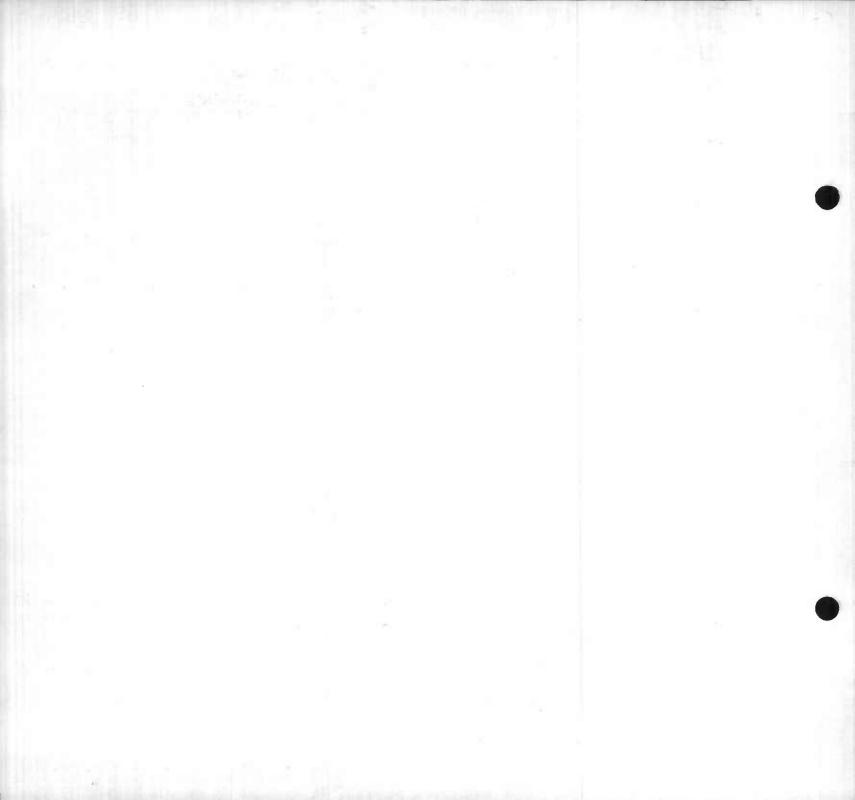
approved

BALTIMORE CITY HEALTH DEPARTMENT

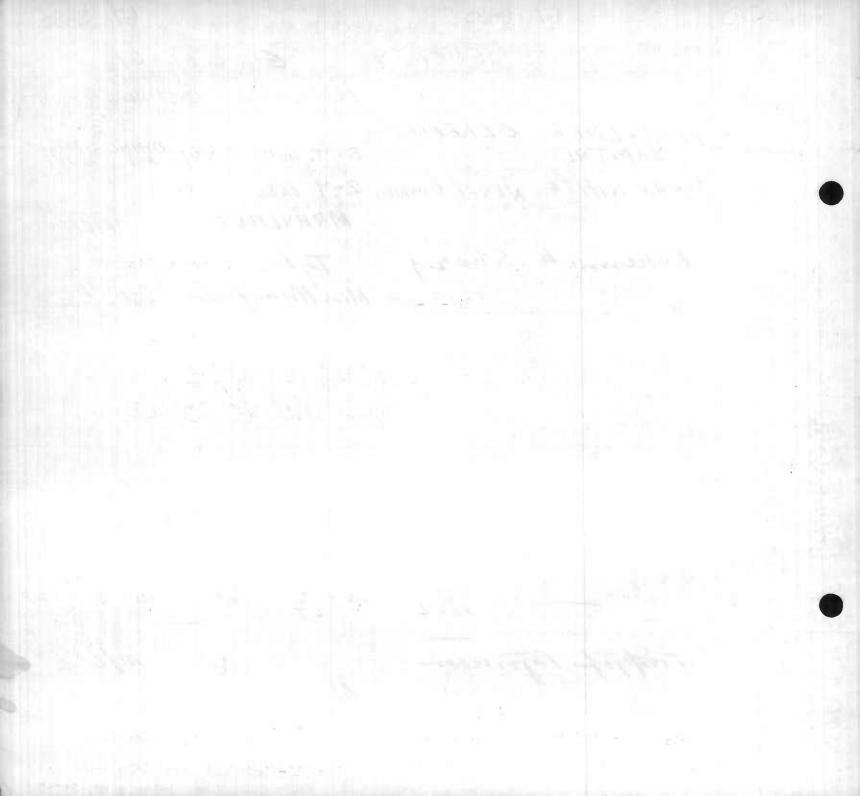
If Under 24 Hrs. Hours



A.E. CASE I	NO.	9697 CERTIFIC	CATE OF DEATH Reg	stered No.
NAME OF	DECEASED HORGE HOW		2, DATE AND HOUR	2
	ICHICKUSTEL / .	GARDNER, JR.	10/10/6	7 5:40 P
PLACE OF	F DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceos	ed lived. If institution; residence before admission
FULL NA	ME OF (If not in hospital	or institution, give street	MD BARENS	HARFORD (
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION			C. CITY OR TOWN (If outside city	limits, write RURAL ond give township)
INSTITUTE	ON		ABINGDON	62-00
1200	Secour Ho.	CHITAI	D. STREET ADDRESS (If rurol, give	e location)
Don	Decour in.	Spiral	902 W. BAKEI	R AVE.
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE	In years If Under 1 Yr. , If Under 24 Hr
10		WIDOWED, DIVORCED (specify	11-27-97 lost birth	doyl Months Doys Hours Min.
IA USUAL	OCCUPATION (Give kind of work	Mastied	STRY 11. BIRTHPLACE (State or foreign country	ry) 112. CITIZEN OF
one during m	ost of working life, even if retired)	Internal Revenue	Dent (440)	WHAT COUNTRY?
Gauge	r	Treasury Dept.	- MAKILANU	U. S. A.
3. FATHERS	NAME WELL		14. MOTHER'S MAIDEN NAME	
GE	50.1 GARDNER.	Sr.	MINNIE SCO	r T
	eased Ever in U. S. Armed For	rces? 16. SOCIAL		aker Ive., Abinguon, Md.
	known) (If yes, give wor or date		0 10 10	
Yes	IWW	216-44-695	17 Wife (Kuby 61	ARDNER)
1B.	201/ 1	CAU	SE OF DEATH	ONSET AND DEATH
D	ISEASE OR CONDITION DIE	RECTLY	- 4	
(T) (LEADING TO DEATH	(A) C	MRDIAC ARRES	T WEEKS
	oes not meon the mode of illure, asthenia, etc. II meons			
	r complication which coused		MYUCARDIAL IN	FARCTION
	ANTECEDENT CAUSES	(B)		
DISEAS	ES OR CONDITIONS, if			
	the obove cause (A)	slating the (C)		
UNDER	LYING CONDITION lost.		-	
Z	II.	CONTRIBUTING		
E TO TH	SIGNIFICANT CONDITIONS CHE DEATH BUT NOT RELA	ATED TO THE		
DISEAS	TE OF OPERATION 198. CON	IT.	20 A. AUTOPSY? (Yes or No) 20 B. II	F YES, WERE FINDINGS CONSIDERED
19A.DA	WAS PER			RTIFTING CAUSES OF DEATH?
21 A. AC	CIDENT WAS UNDERLYING	218 PLACE OF INTERNAL	e.g., in or obo 1 21 C. WHERE DID	(If in Boltimore City, give exact location)
OR CON	TRIBUTING CAUSE OF	home, form, foctory, stre	et, office bldg., INJURY OCCUR?	III III Dollinole City, give exect recollent
DEATH	(notify medical examiner)	etc.)		
OF INJU	AE (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
(APPRO)			While Work	
				2
	,		,	10 OCT 10 56 196
that (1)	(we) last sow the decease	ed alive on Oct 11	19 g ond that in in	🙀 (aur) apinion deoth occurred on the d
		ted obove. (I) (Wy (did) (did	/	
23A. SIG				23B. DATE SIGNED
-		M.D.	Attending Med. Stoff Phys. Director Phys.	10/10/11/1
22 8111	CLICIANE		Phys. Director Phys. 23D. ADDRESS	10/10/01
NA NA	ME (Type)	,		1116-1116-111
	KYE YOU	N KIN	M.D. 130N SECOL	URS HOSPITAL
	CREMATION. 248 DATE	24C. NAME OF CEMETERY	CREMATORY 24D. LOCATION	N (City, town, or county) (Stotel
REMO	VAL (Specify)	1067 St. Mamrie C.	emetery Ahingdo	on (Emmorton) Harford Mc
Bu	val (Specify) rial Oct.13	,1967 St. Mary's C	DISC FUNERAL DIRECTOR	on (Emmorton) Harford Mo
REMO	val (Specify) rial Oct.13	OCO MANAE OF DECISTRAD	DISC FUNERAL DIRECTOR	ADDRESS
REMO	val (Specify) rial Oct.13		DISC FUNERAL DIRECTOR	



BALTIMORE CITY HEALTH DEPARTMENT



Such

NAME OF DEC	FASED			TE OF DEATH	ND HOUR OF DEATH		
Type or Print)						1	
PLACE OF DE	orothy Vogt	BYL A N.D.		Oct.	9. 1967	7.	15 P
PLACE OF DE	ATH IN BALTIMORE, MA	RILAND		4. USUAL RESIDENCE (Who	VTY	nstitution; residenc	a before damiss
FULL NAME O	OF (If not in hospital address or location	ar institution,	giva straet	Md.			
INSTITUTION					itside city limits, write	RURAL ond give	township)
1				Baltimor			40 (
10					rural, give location)		
	lld Conv. Home			4706 St. Thor			
SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. Manths: Days	If Under 24 Hours Min
F	W	M	, and an area to product,	9/26/89	77		
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN O	F
	working life, even if retired)			70.711		WHAT CO	UNTRY?
Housewi				Baltimore Md	*		
- FAIMERS NA	WE			14. MOTHER'S MAIDEN NA	ME		
John Me	eidling			Anna Hager			
. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADD	RESS
es, no or unknow	n) (If yes, give wer or date	es of service)	SECURITY NO.				
			215/01/5874	Albert H. Vogt	4704 St. 7	Thomas Av	е.
1B. 4	3 X I		CAUSE	F DEATH			VAL BETWEEN
DISEA	SE OR CONDITION DIR	RECTLY				ONSE	AND DEATH
3	LEADING TO DEATH		(A)	Preumonia		48	me
(This does	nal mean the made of						
honet failure			DUE TO	No. 646 was seen seeming in the new 450 to 60000000000000000000000000000000000			ingeljederlicht der geliebelieben stembling ist ist ist die erwicht
	asthenia, etc. It means	the disease,	DUE TO	× ••••••••••••••••••••••••••••••			iga kajaja da
injury ar car	asthenia, etc. It means	the disease, death.)	(B)				
injury ar car	asthenia, etc. It means mplication which caused ANTECEDENT CAUSES	the disease, death.)					
DISEASES	asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	(B) DUE TO				
DISEASES or ise to the	asthenia, etc. It means mplication which caused ANTECEDENT CAUSES	the disease, death.)	(B)				
DISEASES or ise to the	asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) G CONDITION last.	the disease, death.)	(B) DUE TO				
DISEASES of the UNDERLYIN	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last.	the disease, death.) any, giving stating the	(B) DUE TO				
DISEASES of the UNDERLYIN	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last.	any, giving stating the	(B) DUE TO	lerota Broin	deseoce		
DISEASES of the UNDERLYIN OTHER SIGN TO THE UDISEASE OR	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloling the CONTRIBUTINATED TO THE	(B) DUE TO				SIDERED
DISEASES of the UNDERLYIN OTHER SIGN TO THE UDISEASE OR	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if it is abave cause (A) G CONDITION last. Illificant conditions Conditions Conditions Conditions Condition causing it	any, giving sloling the CONTRIBUTINATED TO THE	(B) DUE TO (C)	lerota Broin			SIDERED 17
DISEASES (ise to the UNDERLYIN OTHER SIGN TO THE COLUMN DEFENSE OR DISEASE O	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is conditionally conditions of the condition of the co	any, giving stating the CONTRIBUTION TO THE TO THE TO THE TOTAL TO	G CATELLOSCE WHICH OPERATION	Perola Broin 20A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	
DISEASES of the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF 1	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIFICANT CONDITIONS COMEAN AND THE CONDITION CAUSING IF OPERATION 198. CON WAS PERION WAS UNDERLYING CAUSE OF	any, giving sloling the CONTRIBUTING TO THE TENTED TO THE	G CATELLIOSCE WHICH OPERATION PLACE OF INJURY (e.g., in forting, foctory, street, or	lerota Broin	20B. IF YES, WERE IN CERTIFYING CA		
DISEASES of the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloting the CONTRIBUTION TO THAT. IDITION FOR MED 218 hometic.	GE CATURED SOLUTION PLACE OF INJURY (e.g., in form, foctory, street, or in foctory, street	Perotee Brown 20A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	
DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DAT	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIFICANT CONDITIONS COMEAN AND THE CONDITION CAUSING IF OPERATION 198. CON WAS PERION WAS UNDERLYING CAUSE OF	any, giving sloting the CONTRIBUTION TO THAT. IDITION FOR MED 218 hometic.	G CATELLIOSCE WHICH OPERATION PLACE OF INJURY (e.g., in forting, foctory, street, or	Perotee Brown 20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	
DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF CONTRIBU	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloling the CONTRIBUTING TO THIS. CONTRIBUTING THE TOTAL TO THE TOTAL TO THE THE TOTAL THE TO	GE CATELLIOSE WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, on the form) INJURY OCCURRED INJURY OCCURRED Not White	20A. AUTOPSY? (Yes or N or or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	
DISEASES (ise to the UNDERLYIN OTHER SIGN TO THE COUNTY OF THE COUNTY O	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloting the CONTRIBUTINATE.	(B) DUE TO (C) GE CATURATION PLACE OF INJURY (e.g., in foctory, street, on the foctory, street, on the first on the first on the form, foctory, street, on the first on the form, foctory, street, on the first on the first on the foctory of the first on the foctory of the first on the foctory of the first on the fi	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	t locotion)
DISEASES (ise to the UNDERLYIN OTHER SIGN TO THE CO DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloting the CONTRIBUTINATE.	GE CATURED WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, on the foctory) INJURY OCCURRED ile At Not Which is At Work he deceased from	Perotee Brown 20A. AUTOPSY? (Yes or N n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	196
DISEASES (ise to the UNDERLYIN OTHER SIGN TO THE CONTROL OF THE C	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the CONTRIBUTING ATED TO THAT. CONTRIBUTION FOR MED 21B hometc. (Hour) 21E, Wh.	GE CATURED WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, on the foctory) INJURY OCCURRED ile At Not Which is At Work he deceased from	Perotee Brown 20A. AUTOPSY? (Yes or N n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	196
DISEASES on the UN DERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.) 21. I certify that (I) (we)	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. Illificant conditions CONDITIONS CONDITION CAUSING I FOPERATION 198 CONDITION CAUSING I FOPERATION 200 CAUSE OF y medical examiner) (Month) (Day) (Year)	any, giving stating the CONTRIBUTION TO THE TO THE TO THE TO THE TOTAL THE T	(B) DUE TO (C) GE CATURIOSC WHICH OPERATION PLACE OF INJURY (e.g., in the control of the contr	Derota Brow 20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID injury occur? 21F. HOW DID IN.	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	196
DISEASES on the UN DERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.) 21. I certify that (I) (we)	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. Illificant conditions CONDITIONS CONDITION CAUSING I FOPERATION 198 CON WAS PERION (Month) (Day) (Year) That (1) (This this piret) last saw the decease of from the causes state	any, giving stating the CONTRIBUTION TO THE TO THE TO THE TO THE TOTAL THE T	(B) DUE TO (C) GE CATURIOSC WHICH OPERATION PLACE OF INJURY (e.g., in the control of the contr	Perotee Brown 20A. AUTOPSY? (Yes or N n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSULTS OF DEATH	196
DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 21. I certify that (I) (we) and haur on	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. Illificant conditions CONDITIONS CONDITION CAUSING I FOPERATION 198 CON WAS PERION (Month) (Day) (Year) That (1) (This this piret) last saw the decease of from the causes state	any, giving stating the CONTRIBUTION TO THE TO THE TO THE TO THE TOTAL THE T	(B) DUE TO (C) GE CATURIOSC WHICH OPERATION PLACE OF INJURY (e.g., in the control of the contr	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	196
DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and haur on 23A. SIGNATION OF INJURY (APPROX.)	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the CONTRIBUTION TO THE TO THE TO THE TO THE TOTAL THE T	(B) DUE TO (C) GE CATURIOSC WHICH OPERATION PLACE OF INJURY (e.g., in the control of the contr	Derotee Brown 20A. AUTOPSY? (Yes or N n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN. le	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSULTS OF DEATH	196
DISEASES on the UN DERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is abave cause of yellow (Month) (Day) (Year) is abave cause of from the causes state (A) is abave cause of from the causes state (A) is abave cause of from the causes state (A)	any, giving stating the CONTRIBUTION TO THE TO THE TO THE TO THE TOTAL THE T	(B) DUE TO (C) GE CATURIOSC WHICH OPERATION PLACE OF INJURY (e.g., in the control of the contr	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B. IF YES, WERE IN CERTIFYING CA (If in Battimo: JURY OCCUR? 19 26 ta hat in(my) (***) op	FINDINGS CONSULTS OF DEATH	196

Moreland Park Cem 9/10/67 HEALTH DEPT. Balto 25C. FUNERAL DIRECTOR Md. ADDRESS Lassahn Funeral Home 7401 Belair Rd VS 150-REV. 1/1/65



7-620	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 9700
deatl deatl ease on th	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) WILLIAM NORRIS. 2. DATE AND HOUR OF DEATH 10/9/67 6-30 Q. M.
hospital use of d (5) Dece lance on death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission and the state of the
Se;	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or locotion) ON EMORIAL Kingsville
ed in ting d cau r att	Kingsville D. STREET ADDRESS (If rurol, give locotion) BOX 104 Rt1
rad en p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 4. W 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH lost birthdoy) 4. Aug 10. 1894 73 If Under 14 Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NT nt if deat direct or 1; (4) Unde th was ir on the de dispositio	Const. Foreman Harry T Campbell Charlestown W. Va. 13. FATHERS NAME Ralph Norris Byrd Harrison
ssistant the dir kind; (death nce on final dis	TAIDN NOTTIS 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
d y k	Yes W.wW.l 213-10-8810 Augusta Norris Box 104 Rt. 1Kingville CAUSE OF DEATH ONSET AND DEATH
r or his or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Bronchice actions (A) DUE TO
ne ine	heat failure, asthenio, etc. It means the disease, injury or complication which caused death.)
exam exam (s) A f who	ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
_ 0 = - 7	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chie Bod Bod the ysic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by the pital by ure; (2) where No ph	U 21.A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
ed att (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Work At Work
any (ex obt	22. I certify that (I) (this hospital) attended the deceased from guly 12 1962 to 1962 that (I) (we) last saw the deceased alive an 016 1967 and that in(my) (aur) apinion death accurred an the deceased alive an 1967.
be ed nt o pita pita	and haur and fram the causes stated abave. (1) (We) (dld) (did nat) view the bady after death. 23A. SIGNATORE 23B. DATE SIGNED
3 0 0 5 -	Attending Med. Stoff Phys. 10/9/67-
certificate body was r rs: (1) An a D.O.A. at a ased prior	NAME (Type) SAMUEL WHITE 1104S E M.D. 3900 N Charles ST 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
	Burial 9/12/67 Parkwood Cem 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the show was dece	VS 150-REV. 1/1/65 Lassahn Funeral Home 7401 Belair Rd.

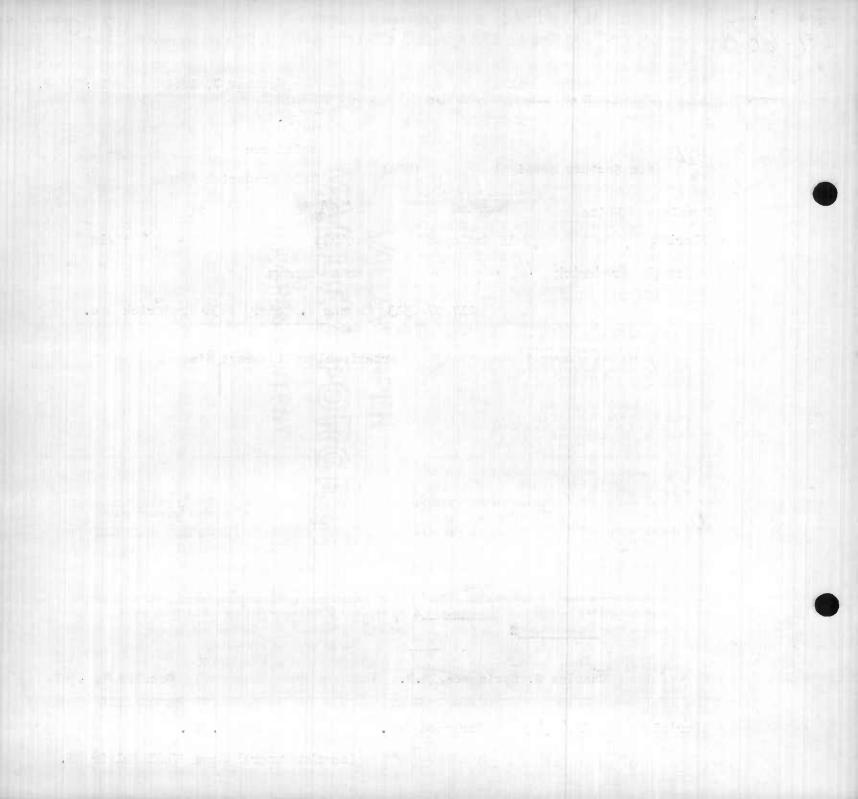
the same that the

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			TE OF DEAT		
3. PLACE OF DEATH IN BALTIMORE, MARYL FULL NAME OF (II not in hospitol or in hospital or in hos		<u>- 191</u>	4. USUAL RESIDENCE A. STATE B. C. CITY OR TOWN B. H. MOK D. STREET ADDRESS	COUNTY (If outside city limits, write	institution: residence before admission Bulls Co RURAL and give township) 1/236
South Baltimore Gove 5. SEX 6. RACE 7.	MARRIED, NEVER A WIDOWED, DIVOR		6 Vingi	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10) done during most of working life, even if retired) Safe Deposit Manager	B. KIND OF BUSINES Maryland N		11. BIRTHPLACE (Stote Baltimore (12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME John F. Michel	and Jackett IV	V.m. V. & 2 Unde	14. MOTHERS MAIDE	NAME	7 7 7 7 7 7
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (II yes, give war or dates o	service) SECU	IRITY NO.	17. INFORMANT	G. Michel 6 V	irginia Ave.
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the made of dy heart failure, asthenia, etc. It means the injury or complication which caused death of the county of t	ving, e.g., e disease, alh.) , giving aling the	(A) HOD DUE TO (B) PULI DUE TO	won any	EDBMA	
	TON FOR WHICH O	PERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE C home, lorm, etc.)	OF INJURY (e.g., in loctory, street, of	or obout 21 C. WHERE I fice bldg., INJURY OCC	OID (II in Boltimo	ore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (OF INJURY (APPROX.)	While At Work	Not While At Work		D INJURY OCCUR?	10/1
22. I certify that (I) (this hospital) at that (I) (we) last saw the deceased and haur and fram the causes stated 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type)	alive an [0]	B 6 7 IId) (did nat) v M.D. Atte	iew the bady after do		pinian death accurred an the d
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) Burial 10/12/6	7 Garden	EMETERY of CRE	1	Baltimore Co.	City, town, or county) (State) Maryland
25A. DATE REC'D BY HEALTH DEPT 7	B. NAME OF REGIST	AR Deg MA	Lassahn Fu	neral Home \$40	L Belair Rd.

South Bottmara Garand Hoogetan 6 V. rginid Aic.
11256 -

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E.	CASE NO.								
1. NA	ME OF DEC						HOUR PRONOUNCE		00 5
		ANNA	MAIER				er 7, 1967	11:0	M.
		MORE MARYLAND, V			A. STATE	ence (Where d	eceosed lived, Il insti B. COU	tution: residence bef	ore odmission)
HOSPI	NAME OF TAL OR UTION	ADDRESS OR LOC	TAL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				wnship)
3	4			4	D. STREET ADDR			F-0	0 10
9	g Bo	on Secours H	ospital	(DOA)			erick Avenu	ie	
5. SEX	F	6. RACE	7. MARRIED, WIDO WED,	NEVER MARRIED DIVORGED (specily)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If Months Doys 1	
	male	White	- 0.0711		4/16/18		71		
do FI	SUAL OCCU	PATION (Give kind of wo rorking life, even if retired)		mployed	Austria	State or toreign	country)	AUSTITIEN OF	TRY?
	Joseph	The state of the s		2 1-13	Anna Un		Y. L. O.E.		=2.01
15. W	S DECEASED	D EVER IN U.S. ARME	D FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
(Yes, R	or unknown)	(If yes, give wor or do	tes of service)	217 07 8513	Eugene J	. Maier	2838 Frede	erick Ave.	
18	1120	0.0		CAUSE	OF DEATH				AL BETWEEN AND DEATH
	DISEAS	E OR CONDITION D	DIRECTLY						AND DEATH
	(This door a	LEADING TO DEAT		(A)	terioscle:	rotic he	art disease	2	
	heort foilure,	osthenio, etc. It meon	s the disease,	DUE TO					
		NITE OF BENT . CAME	rc					IN FEE	
		NTECEDENT · CAUS		(B)DUE TO					
	RISE TO THE	G CONDITION LAST	STATING THE	551 10					
Z				(C)					
E		- 11			- 3154				
CERTIFICATION	TO THE	INFICANT CONDITIONS DEATH BUT NOT RECONDITION CAUSIN	ELATED TO T						****
CER 19	A. DATE OF		NOTION FOR	WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FIN N CERTIFYING CAUS		FD
OU	NDERLYING 🗆	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B, home etc.)	PLACE OF INJURY (e.g., i , form, factory, street, o	in or obout 21C. W	HERE DID (I	f in Boltimore City, giv	ve exect location)	
\S 21	D TIME	(Month) (Doy) (Ye	or) (Hour) 2	TE. INJURY OCCURRED	21 F. H C	OW DID INJU	RY OCCUR?		
(A	PPROX.)		m. V	WHILE AT NOT	WHILE ORK				
22		ify that I held an	Inquiry	Inspection X Aut	apsy and	d that an this	basis, death In m	y opinian	
	result	red fram: Natural c	auses K	Accident Suiclde	e Hamici	de U	ndetermined manne	er 🗌	
		130		1 -A	CHIEF M	EDICAL EXA	AMINER	DATE	ESIGNED
	SIGNATU		C 7-	Jal M.D.	ASSISTANT M	EDICAL EXA	AMINER X	DATE	. SIGNED
	EXAMININAME (T	ER's Charles	S. Spri	ngate, M.D.	ASSOCIATE M	EDICAL EX	AMINER OC	ctober 8,	1967
	VAL (Specify		23	C. NAME of CEMETERY o	CREMATORY	23D. LO	CATION (City,	town, or county)	(Stote)
100	urial	10/11	/67	Parkwood Cem.		B	alto. Md.		
		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS	
		OCT 13 196	Rolm	B E. Farburna	Lassah	n Funer	al Home 74	Ol Belair	Rd.
VS 15	1-REV. 1/1/6	55							



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

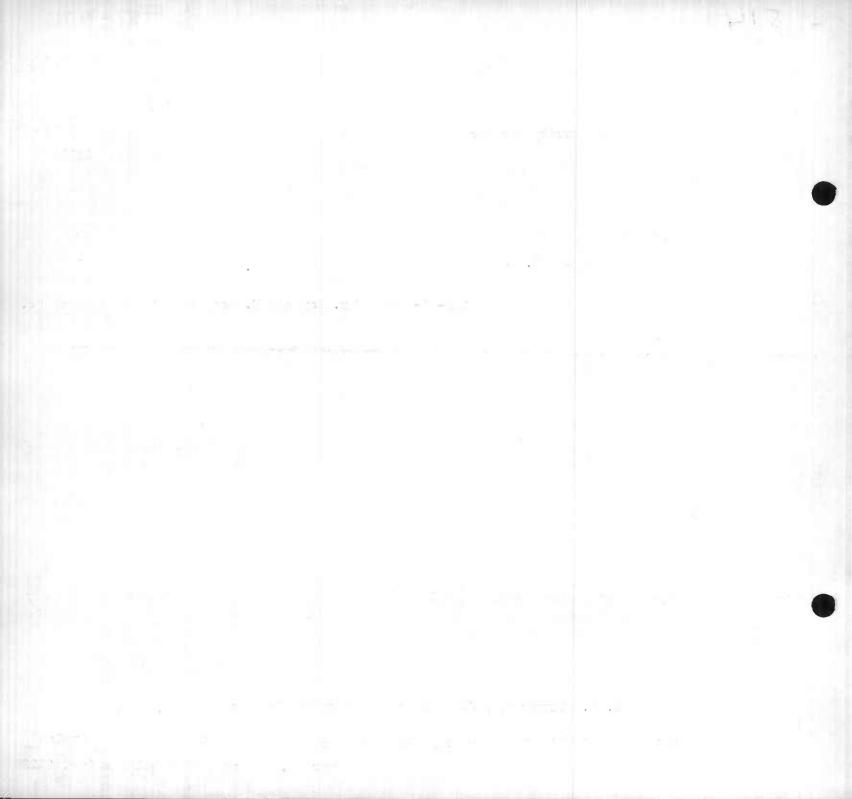


67 9704 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9704

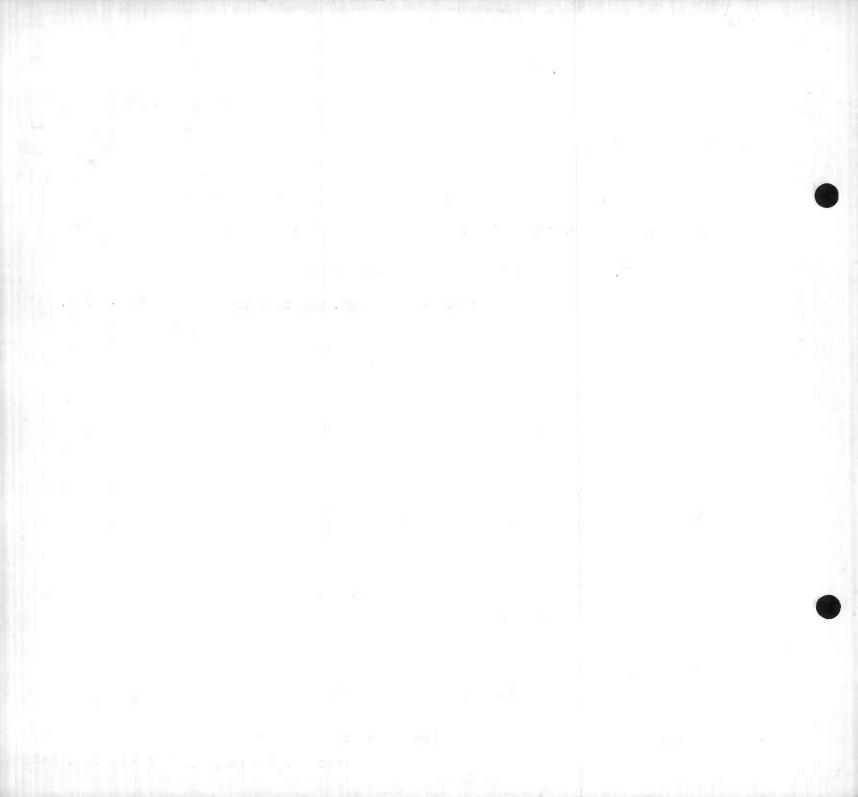
M.E. CASE NO.								
1. NAME OF DECEASED	M	ETCALF		2. DATE AND	HOUR PRONOUN	CED DEAD		
(Type at this	MARTHA ME	DC/AT/F/F/		Oc.	tober 11.	1967	1 12.1	10ам.
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where de	eceased lived. If in	stitution: resi	idence befare ac	lmission)
	IN HOSPITAL OR INSTIT	UTION, GIVE STREET	c. city or to		carparate limits, wr		and give townshi	ip) 3
1/0 04 1000	17		D. STREET ADD	cimore	nive Incation)	-		-
J St. Agnes	Hospital			Eagle St				
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	s If Unde	r 1 Yr. If Under	24 Hrs.
	WIDO WED,	DIVORCED (specify)			lost birthday)	Months	Days Hours	
Female Whit		owed	2/13/87		/8/2 80		-	
ton. USUAL OCCUPATION (Gi		L ROZINEZZ OK INDOZIK	TITE BIRTHPLACE	catate ar toreign	cauntry)	12. CITIZ WHA	AT COUNTRY?	
Sewing Machine	Operator Re	etired		ryland			USA	
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME				
Moses T	. Hoops			Rachael				
15. WAS DECEASED EVER IN (Yes, no or unknown), (If yes, give		16. SO CIAL SECURITY NO.	17. INFORMANT		M	iamisb	urg, Ohi	0
No		217-07-7598	Mr. Calv	in C. Fi	111ings, 8			
18. 0 11 °	7.	CAUS	E OF DEATH				INTERVAL BE	
DISEASE OF COL	INDITION DIRECTLY						ONSET AND	DEATH
	TO DEATH	(A) Bro	nchopneum	onia				
(This does not mean theart failure, asthenia, e injury or complication w	he made of dying, e.g., tc. II means the disease, hich caused death.)	DUE TO						••••••
ANTECEDE	IT CALISES							
DISEASES OR COND	IT CAUSES TIONS, IF ANY, GIVING AUSE (A) STATING THE	DUE TO		***************************************	•••••		^ 8 8 8 8 8 9 8 8 8 8 8 8 9 8 9 8 9 8	
	HOW EASI.	(C)						
2	11							
	ONDITIONS CONTRIBUTION NOT RELATED TO NO CAUSING IT.		actured 1	eft leg			***************************************	
8/30/67	WAS PERFORMED	which operation ared leg			OB. IF YES, WERE N CERTIFYING CA			
VINDERLYING FOR CONTINUING CAUSE OF DEAL UTING CAUSE OF DEAL OF TIME (Month)	TH. etc.)	PLACE OF INJURY (e.g., e, farm, factory, street, HOSPITAL 21E. INJURY OCCURRED			s Hospital		ecation)	+/
OF INJURY	12 67 0		WHILE X Sub			oing to	the bat	throon
22. I certify that I	held an Inquiry		V		basis, death In			
resulted fram:	Natural causes	Acrident X Suicio	e Hamici	de U	ndetermined man	ner		
2	111	1	CHIEF M	EDICAL EXA	MINER			
ACTUAL	WALLE WALLE	Marco un	ASSISTANT M				DATE SIG	NED
EXAMINER'S NAME (Type)	Edward F. W		ASSOCIATE M			Octobe	er 11, 19	967
		3C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (Ci	ty, tawn, ar		State)
Burial	10/13/67	Loudon Park	Cemeterv	Ва	ltimore		Mary	yland
24A. DATE REC'D BY HEALTH	DEPT. 248. NAME	OF REGISTRAR		AL DIRECTOR			ADDRESS	
0CT 13	1967 O Back	E, Falleyna	Howar	d H. Hub	bard, 410	7 Wilke	ens Ave.	21229
VS 151-REV. 1/1/65	1000	1	0.74	5.3				3.4

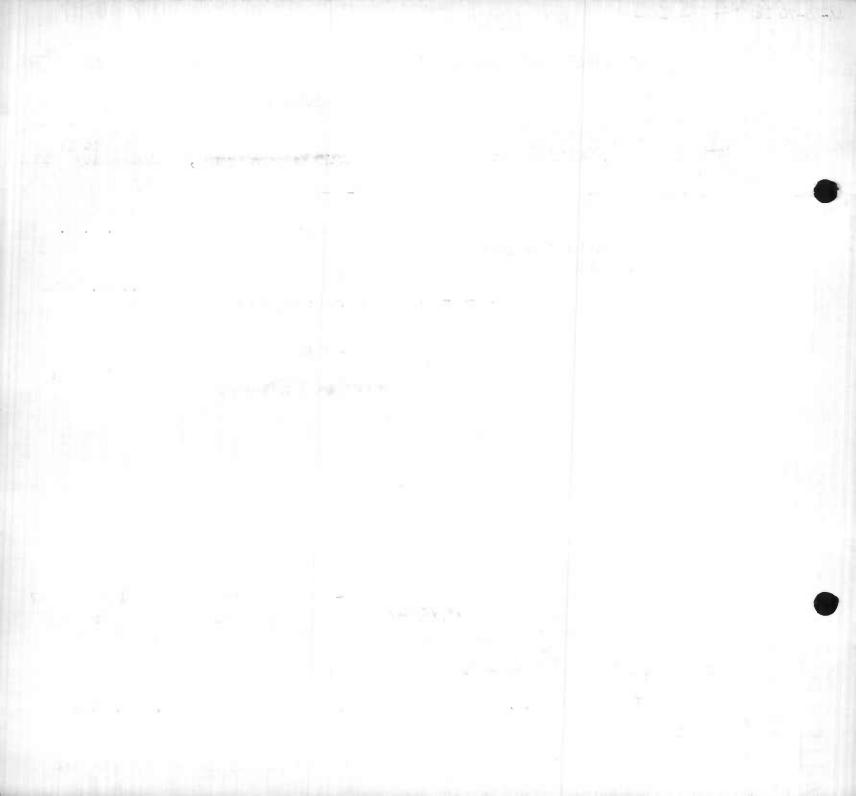
the first the second of the se alt. agend forest and the same of

		HEALTH DEPARTMENT		OH OHOF
BIRTH NO. 67 9	705 CERTIFICA	TE OF DEATH	Registered Na	67 9705
M.E. CASE NO.			D HOUR OF DEATH	
Type of Print) Apmn PS// A	VICE AND	101	1.167	1 8:55 0.
PLACE OF DEATH IN BALTIMORE, MARYLAND	1166 111111	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admission
		A. STATE B. COUN	Dall	
FULL NAME OF (II not in haspital or institu oddress or location)	tion, give street	C CITY OF TOWN III and	Jal Jamo	URAL ond give township)
INSTITUTION		A allimar	side city minis, write ki	SKAL ON GIVE
University Hos	spital	D. STREET ADDRESS (IF	rural, give location)	4000
00		2004 Kin	163/EU 5,	George 21223
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
F W WID	OWED, DIVORCED (specify)	12/10/22	lost birthdoy)	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIN	MARICIED D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
one during most of working life, even if retired)	11	men	10.00	WHAT COUNTRY?
DRWARTS Jalos/ L	lousewife	many.		USA
GEORGE R. K	11-	14. MOTHER'S MAIDEN NA	49	
G ZORGE R. M	1445	Alicen	HPY	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown)(If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
20	215-12-4554	Mr. Raymond F	. Campbell	2904 Kingsley St.
1B,	CAUSE O		· oumpoully	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			1	ONSET AND DEATH
LEADING TO DEATH	(1)	PRODIC MYEL	210/8/118/ nic	IN 2VRS
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	e.g., DUE TO	ta dia 1900 di Santonallo anfra dan a 1900 a. a. a. Il andra di anne afra a basta a 1900 a 1	to de distriction that he had been also altered a fac-	[-1-1
injury or complication which caused death.)	.036,			1 - 2
ANTECEDENT CAUSES	(B)DUE TO	**************************************		
DISEASES OR CONDITIONS, if ony, g				
rise to the above cause (A) stating	The (C)			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIB	IITING			
TO THE DEATH BUT NOT RELATED TO				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, of	fice bldg., INJURY OCCUR?		
	21E. INJURY OCCURRED	21 F. HOW DID INJ	ILBA OCCITBS	
OF INJURY	White At Not While		OK! OCCOR:	
(APPROX.)	Work At Work			
22. I certify that (I) (this haspital) attend	led the deceased fram	-15	19 67 10 19	- 10 1967
that (I) (we) last saw the deceased alive	// //	/ 7	at in(my) (aur) apin	ian death accurred an the da
and haur and from the causes stated above	ve. (1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE		At addition to the second		23B, DATE SIGNED
B A Providur		ending Med. Director	Stoff Ph.	10-10-67
23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	10 10 0
NAME (Type)	M D			
R. A. Przybysz		University Hosp		, Md.
REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION (Cit)	, town, or county) (State)
Burial 10/13/67	New Cathedral	Cemetery Ba	ltimore	Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
ACT 13 1967 A A	A. S. FARLINE	Howard H. Hul	obard, 4107	Wilkens Ave. 2122
S 150-REV. 1/1/65				



VS 150-REV. 1/1/65





BIRT	н но.	7 4/118	ATE OF DEATH Registered	67 9708
M.1	CASE NO.	CERTIFICA	2, DATE AND HOUR OF D	PATH
	AME OF DECEASED	E CAAMPI		2 19671 6:401.
3. 1	PLACE OF DEATH IN BALTIMORE, MA		A. USUAL RESIDENCE (Where deceased live	d. (If institution: residence before admission)
١.,	FULL NAME OF (If not in hospital	or institution, give street	Md	
1	HOSPITAL OR oddress or locotion	n)	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
	Chard John	ed Dospital	D. STREET ADDRESS (If rurol, give locati	6-06
15	35	,		He St
5. 5	EX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	s If Under 1 Yr., If Under 24 Hrs.
1	Male Caix	WIDOWED, DIVORCED Ispecify	Sept. 10, 1896 lost birthdays	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of works during most of working life, even if refired)	108. KIND OF BUSINESS OR INDUST	Y 17. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
S	TREET SWEEPER	BALTIMORE CITY	· Maryland	uld
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	George Chang	nus	Mayaret Zenka	ud
15. (Ye	Was Decoased Ever in U. S. Armed For s, no or unknown) (If yes, give wor or date	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT	2507 E. PHYETTE ST
4	ES WWI	214-20-7571-1	MRS. ELLANDR CHAMP	INESS
-	18.3 4/1/1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISÉASÉ OR CONDITION DIE LEADING TO DEATH	RECTLY	Time of the confession	11.00
	(This daes not mean the mode of	dying, e.g.,	plured Owdens	7 0000
	heart failure, asthenia, etc. It meons injury at camplicotian which caused	s the disease, d death.)	rebral Humel	
	ANTECEDENT CAUSES	B) DUE TO	way sure	
	DISEASES OR CONDITIONS, if	ony, giving		
	rise la lhe abave cause (A) UNDERLYING CONDITION last.	sloting the (C)		
_	- 11	Dener	elized arterios	clossi
TION	OTHER SIGNIFICANT CONDITIONS C	ATED TO THE	3	
ICA	19A. DATE OF OPERATION 19B. CON	IT. NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES,	WERE FINDINGS CONSIDERED
ERTIFIC	WAS PER	RFORMED	IN CERTIFYIN	IG CAUSES OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	, in or obout 21 C. WHERE DID (If in 8 office bldg., INJURY OCCUR?	ollimore City, give exact location)
EDIC	21D. TIME (Month) (Doy) (Year)	Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
Z	(APPROX.)	While At Not W		
	22. I certify that (1) (this hospital		pet. 10 19 67 to	Ot 12 19.67
	that (I) (we) lost sow the decease	A 7	(2) 1 17	r) opinion death occurred on the date
	and hour and from the causes sto		view the body ofter death.	
	23A. SIGNATURE			23 B. DATE SIGNED
	In Lu	M.D. A	ttending Med. Stoff Phys.	10-12-67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	16
	NEWITH SUH	126Z M.I		Hoops -
24/	REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
1	BURIAL 19/66,	7 BALTIMORE R	11TIORITZ BITCTIMO	RE MD
254	. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		ADDRESS
	OCT 13 1967 (10 A & Sally	ULLEICH) FUNGERAL H	OME 4210 BELDIR RD
VS	150-REV. 1/1/65			

digiting the descention . Custing Human. Remarkaged Boothminesses.

VS 150-REV. 1/1/65

gug

0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JOHANNA SOPHIA JONES 10 October 1967 6:10 PM 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city fimits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 2402 Kentucky Ave. 21213 2402 Kentucky Ave. 21213 9. AGE (In years If Under 1 Yr. Months: Doys Il Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH Hours WIDOWED, DIVORCED (specily) fost birthdoy Caucasian widowed 8 Feb 1882 85 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Maryland U.S.A. 3. FATHERS NAME 14. MOTHER'S MAIDEN NAME Albert H. Schreiber Catherine Henkel 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Catherine E. Jones, 2402 Kentucky Ave. 21213 no CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (B) arterioselerota carder-DUE TO pas even derease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., hearl failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (II in Boltimore City, give exact location) home, lorm, loctory, street, office bldg., INJURY OCCUR? DEATH (notily medical examiner) MEDI (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased ofive an ond that in(my) (**) apinion death accurred on the date and haur and fram the coases stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED llern Attending -M.D. Director L 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS E. J. Alessi M.D. 6217 Harford Rd. 21214 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) burial 13 Oct 67 Druid Ridge Cemetery Baltimore County, Md. 25A. DATE REC'D BE HEALTH OFFIS NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home, Balto., Md.



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

MARYLAND

DWINGS MILLS

UNION REMERSIAL HOSPITAL

TOLL GATE (AUDAL)

MARRIAD 12-07-31 36

PARESTALLS CAR CO. FEWNIESSEE LUMB PURSUA ROUNE BAD

Diabetes Mellitus

CARONIC RENAL THAU PRIENCY

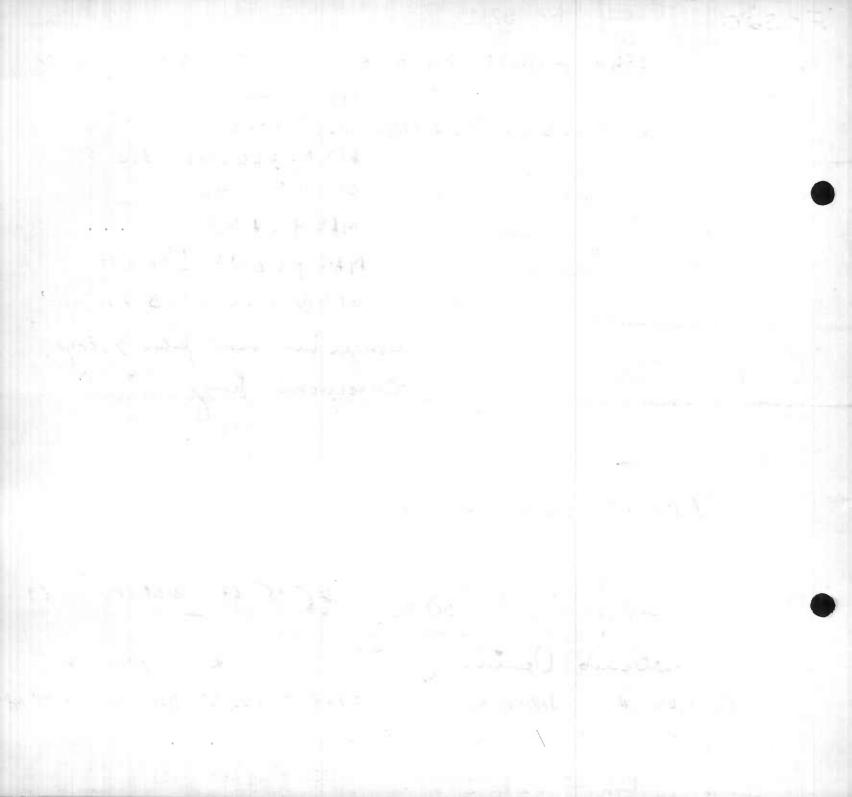
all

HITSOTTO (d , 5 TWOTES) (0 . 11 7500750

-loge inopal

BUGUEL SANCARD PARACLUS UNION AREMORISE HOSPITAL

X Children 1107



-	-2	
).	- CT	60
	at F	4 5
	9 6 8	S
	F Tal	٥-٠
	000	9 4
	56 (5)	de
	E 0	Po
	US US	0
	- E	5.0
	ed it	7 0 0
	76.	שמק
	nt mr	eg ds ds s n
	h co	Ce
	to a	- 9 · ·
	P + 5	e e
-	:= 0 4	> 부 증
Z	T 9 %	the P
A	e e	9 9 0
2	ssiss + ×	find
0	B 7 C	da
4	his fo	D D
~	Als	att
FUNERAL DIRECTOR: IMPORTANT	4 . 5	(except where the physician who pronounced death was in regular; and (6) No physician was in regular attendance on the deceased probtained before the remains are embalmed or final disposition is made.
S.	ine	교무
T	E.E.T	000
2	A	N . I
~	= 6 C	E.E. S
	ico ial	as air
4	die	S × E
2	E e	an an
W	dy b	heis
Z	B Y	th ys
F	2 6	500
	± 5 %	Pe Pe
	b. b.	3 0
	Po Po	40 E
	00	nd nd
	th th	9 0 0
	P + +	Pe ?
	be of	oit at
	as de	de
	m ele	무우를
	e s	100
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	pri
	# 1	d d
	Po ::	D.C 1se
	S o	itt
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	01	- 5 7

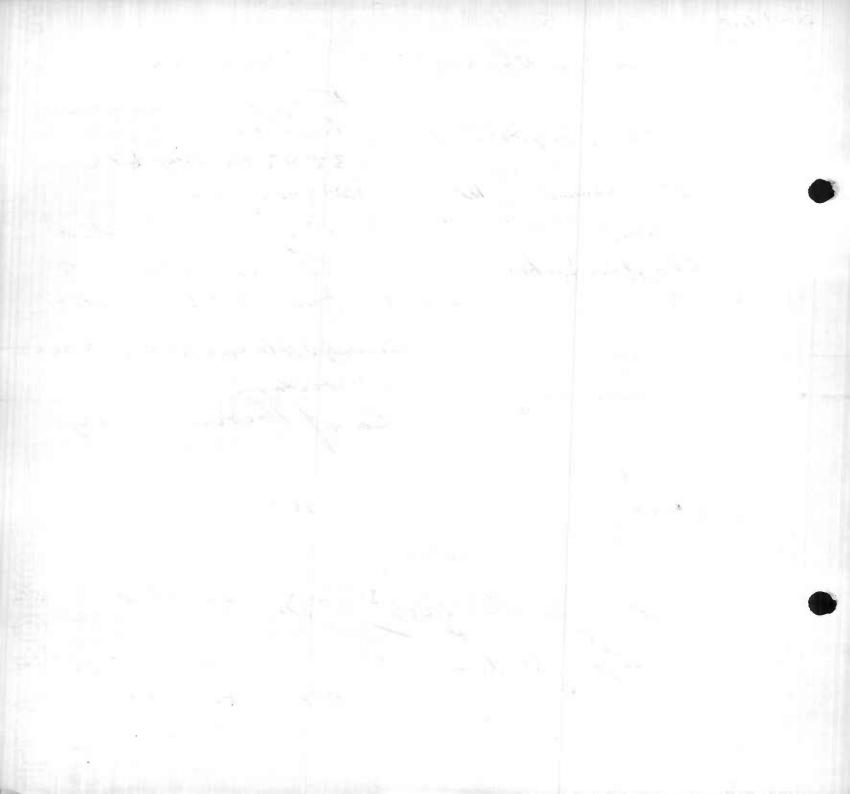
	67 9	719 BALTIMORE CITY	HEALTH DEPARTMENT		67 9712
	RTH NO.	712 CERTIFICA	TE OF DEATH	Registered Na	O.C. O.L. Ta
1,1	NAME OF DECEASED (pe or Print) Anna A. Ala		2, DATE AND H	OUR OF DEATH	67 11:25Am
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. USUAL RESIDENCE (Where de	ceased lived. Il insti	lution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	muyland-		
	HOSPITAL OR oddiess or location) INSTITUTION		C. CITY OR TOWN III outside	city limits, write RU	RAL and give township
	church Home of	Horn.	Pallemen	* 1 2 1	4004
B,	Charles of the t		5001 Raintree		
	F W WIDO	RIED, NEVER MARRIED (Specify)	8/2/1900 1051	birthday)	II Under 1 Yr. If Under 24 His. Months Doys Hours Min.
to.	A USUAL OCCUPATION (Give kind of work 108, KIN)	OF BUSINESS OR INDUSTRY	Baltimore	ountry)	12. CITIZEN OF WHAT COUNTRY?
		Staionery Co	nesylina		USA
13.	FATHERS NAME	R	14. MOTHER'S MAIDEN NAME	1-	0
	qualthew Polon		automette	flow	K
	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT9921 Has	ford Rd.	,34 ADDRESS
_		215-03-5009	Magdalen Lomor	nico,	X PARKS
	18.	CAUSE O	FDEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	B	purtary &	isuffice	eng
	(This does not mean the made of dying,		. f		J
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)		A. land	0	
	ANTECEDENT CAUSES	(B) CACO	· Pulaco · Jus	uun	9
	DISEASES OR CONDITIONS, if any, gi	ving	Joa	ioses	
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	,		
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 IN	B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B PLACE OF INJURY (e.g., in home, loim, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore (City, give exact location)
03	OF INTURY	21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
8	(APPROX.)	While At Not While At Work			
	22. I certify that (1) (this hospital) attend	ed the deceased from	8/27 196	17 to 10	111 1967
	that (1) (we) last saw the deceased alive	10/11	7		an death accurred an the date
	and hour and from the causes stated above	. /			
	23A. SIGNATURE	. (,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The budy diversion	[2	3B, DATE SIGNED
	When	M.D. Atte	nding Med. Stoll Physics.	. 4	10/11/67
	NAME (Type)	AREZ M.D.	church Kos	ue &	Kano.
24	A. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	TION (City,	town, or county) (State)
	Burial 10/14/67	Holy Redeemer	Cem. Balt	imore 16	
25		ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	imore, M	ADDRESS
	OCT 13 1967 P.O.	A & FalkenMA	Schimunek Fur	eral Hom	e, Inc.
			3331 Brehn	Lane	



, ,	r Print)	MARY (C. DAL	EY		HOUR OF DEATH	6:15 p.
. PLAC	CE OF DEA	TH IN BALTIMORE, MA	_	~ ~	4. USUAL RESIDENCE (Where	deceased tived, tf i	-
					A. STATE B. COUNTY		
HOS	PITAL OR	F (If not in hospital address or location		give street	Md., 21200	de city limits write	PILEAL and give townshiph
INST	TITUTION	200			Baltimore	de eny minis, wine	76 =
0	0	4628 Parks	side D	rive	D. STREET ADDRESS (II rur		<i>5 9</i>
		Baltimore,	, Md.,	21206	4628 Parks	side Dri	ve
. SEX		6. RACE		D. DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 2 Months Doys Hours
	male	white	wi	dowed	5/27/94	73	
		JPATION (Give kind of work working life, even if retired)	10B, KIND C	F BUSINESS OR INDUSTR	11. BIRTHPLA CE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	ousew			at home	Baltimore, Mo	d.	
3. FAT	HER'S NAM	AE			14. MOTHER'S MAIDEN NAME		
		Mathias Bau	ier		Catherine	Weber	
		Ever in U. S. Armed Fore		1 6. SOCIAL	17. INFORMANT		ADDRESS
, ç a, IIU	or onknown	(If yes, give wor or date:	a ul service/	SECURITY NO.	Franklin W. D.	aley. so	n, above
1B.,	120			CAUSE	OF DEATH	- /	INTERVAL BETWEE
-	DISEAS	E OR CONDITION DIR	ECILY			f.	ONSET AND DEAT
		LEADING TO DEATH		Mes	ander & mulano	T:	
		at mean the mode of		DUE TO		-Co-k	***************************************
		asthenia, etc. It means optication which caused		· 0	cardial imparce	•	
unt							
1111	-	ANTECEDENT CAUSES		(B) 020	mary artery desi	ase	
		ANTECEDENT CAUSES OR CONDITIONS, if	any, giving	DUE TO	mary artery desi	ase	
DIS	SEASES C	OR CONDITIONS, if a abave cause (A)		DUE TO	nary arkery disc	gse	
DIS	SEASES C	OR CONDITIONS, if a abave cause (A) G CONDITION last.		DUE TO		ase	
DIS rise UN	SEASES C e Ia the NDERLYING	OR CONDITIONS, if a above cause (A) G CONDITION last.	stating the	(C)		ase	
DIS rise UN	SEASES OF THE SIGNAL OF THE SIGNAL OF THE DISTRICT OF THE DIST	OR CONDITIONS, if (a abave cause (A) G CONDITION last.	Stating the	(C)		ase	,
DIS rise UN OT TO DIS	SEASES OF THE DISEASE OR	OR CONDITIONS, if a gbave cause (A) GCONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I' OPERATION [198. CON)	ONTRIBUTING TED TO	(C)	[20A. AUTOP\$Y? (Yes or No)]	20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFICATION NO 100 100 100 100 100 100 100 100 100 10	SEASES C e la the NDERLYING THER SIGNI O THE DI SEASE OR	PR CONDITIONS, if a bave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I' OPERATION 19B. CONIWAS PERF	ONTRIBUTING TED TO TO T. DITION FOR	(C)	[20A. AUTOP\$Y? (Yes or No)]	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
DISTINGUISE OF THE PROPERTY OF	SEASES CO e la the NDERLYING THER SIGNI O THE DI SEASE OR A.DATE OF	PR CONDITIONS, if a baye cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CONWAS PERFORM WAS PERFORM CAUSE OF CAUSE	ONTRIBUTIN TED TO TI T. DITION FOR ORMED	OUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, respectively)	[20A. AUTOP\$Y? (Yes or No)]	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISCUSSION OF THE CONTROL OF THE CON	SEASES COE IN THE SIGNED THE DISTRIBUTION OF CONTRIBUTION OF C	OR CONDITIONS, if a base cause (A) above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING IT OPERATION 19B. CONWAS PERFORM WAS UNDERLYING THAT CONDITIONS CAUSE OF medical examiner)	ONTRIBUTINATED TO TIT. DITION FOR ORMED	CC) GG HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, ne)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA (If in Baltimo	AUSES OF DEATH?
DISTINATION OF THE PROPERTY OF	SEASES COMENDERLYING THER SIGNITO THE DISEASE OR ALL ACCIDEN CONTRIBUATH (natily) That I was a contributed to the contributed t	PR CONDITIONS, if a baye cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CONWAS PERFORM WAS PERFORM CAUSE OF CAUSE	ONTRIBUTINATED TO TIT. DITION FOR ORMED 21 house to (Hour) 21	CC) GG HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, n) E. INJURY OCCURRED	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA (If in Baltimo	AUSES OF DEATH?
DISTINATION OF THE PROPERTY OF	SEASES CON THE SIGNIFUL OF THE DISEASE OR ALL ACCIDEN CONTRIBUTATH (notily)	OR CONDITIONS, if a base cause (A) above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING IT OPERATION 19B. CONWAS PERFORM WAS UNDERLYING THAT CONDITIONS CAUSE OF medical examiner)	ONTRIBUTING TO	CC) GG HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, ne)	in or obout 21C. WHERE DID Siffice bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA (If in Baltimo	AUSES OF DEATH?
MEDICAL CERTIFICATION OLY	SEASES CON THE DISEASE OR CONTRIBUATH (notify ppprox.)	PR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITIONS CATH BUT NOT RELACONDITION AUSING I OPERATION 198. CON WAS PERFORM CONDITIONS CAUSING I TWAS UNDERLYING TING CAUSE OF medical examinet)	ONTRIBUTING TO	DUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, factory, street, or me, farm,	20A. AUTOPY? (Yes or No) in or obout 21C. WHERE DID office bidg., NJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA (If in Baltimo	re City, give exact tocotion)
DISTINGT OF THE CANON WEDICATION OF THE CANON OF THE CANO	SEASES CO e la the NDERLYING THE DISEASE OR A DATE OF CONTRIBU ATH (notify) PPROX.)	PR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERFORM CONDITIONS CAUSING I TWAS UNDERLYING TING CAUSE OF medical examinet)	ONTRIBUTINATED TO TIT. DITION FOR ORMED (Hour) 211 WW) attended	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, farm, factory, street, not what he deceased from the de	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJUR	208. IF YES, WERE IN CERTIFYING CA	re City, give exact facation)
WEDICAL CERTIFICATION AEDICAL CERTIFICATION AEDICAL AE	SEASES COOR IN THE DISEASE OR CONTRIBUATH (naily PPROX.)	PR CONDITIONS, if a abave cause (A) condition last. FICANT CONDITIONS CREATH BUT NOT RELACONDITION CAUSING I' OPERATION 198. CONDITION CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSING I' O	ONTRIBUTINATED TO TIT. DITION FOR ORMED (Hour) 211 WW) attended d alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., form, factory, street, form) E. INJURY OCCURRED hille At Not What he deceased from the decease	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	re City, give exact focotion)
DISTRIBUTION OF THE PROPERTY O	SEASES COOR IN THE DISEASE OR CONTRIBUATH (naily PPROX.)	PR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I' OPERATION 198. CON WAS PERFORM CONDITION CAUSING I' OPERATION 198. CON WAS PERFORM CONDITION CAUSE OF medicol exominer) (Month) (Day) (Year) that (I) (this hospital last saw the decease I from the causes stat	ONTRIBUTINATED TO TIT. DITION FOR ORMED (Hour) 211 WW) attended d alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., form, factory, street, form) E. INJURY OCCURRED hille At Not What he deceased from the decease	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJUR	208. IF YES, WERE IN CERTIFYING CA	re City, give exact focotion)
DISTRIBUTION OF THE PROPERTY O	SEASES COMENDERLYING THER SIGNITO THE DISEASE OR ALL ACCIDEN CONTRIBUATH (natily person) Time injury person i certify of (I) (We)	PR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I' OPERATION 198. CON WAS PERFORM CONDITION CAUSING I' OPERATION 198. CON WAS PERFORM CONDITION CAUSE OF medicol exominer) (Month) (Day) (Year) that (I) (this hospital last saw the decease I from the causes stat	ONTRIBUTINATED TO TIT. DITION FOR ORMED (Hour) 211 WW) attended d alive an	DUE TO (C) (G) (G) (G) (G) (G) (HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, ne, foctory,	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJUR 19 219 219 219 219 219 219 219 219 219	20B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH? THE City, give exact focotion) 19 4 19 4 19 4 19 19 19 19 19 19 19 19 19 19 19 19 19
DISS rises UN OTTO DISS rises under the control of	SEASES COMENDERLYING THER SIGNITO THE DISEASE OR ALL ACCIDEN CONTRIBUATH (notily percent) The contribution of the contribution	PR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING IT OPERATION 198. CON WAS PERFORMED CAUSE OF medicol exominer) That (I) (this hospital last saw the decease of fram the causes state RE	ONTRIBUTINATED TO TIT. DITION FOR ORMED (Hour) 211 WW) attended d alive an	DUE TO (C) (G) (G) (G) (G) (G) (HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, ne, foctory,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJUR 19 21g and that view the bady after death.	208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH? THE City, give exact tocokion) 4 9 4 19 4 Inion death accurred on the
DISS rises UN OTTO DISS rises under the control of	SEASES CO e to the NDERLYING THER SIGNT D THE DI SEASE OR A. ACCIDEN CONTRIBU ATH (notify) D. TIAME INJURY PPROX.) I certify of (I) (We) d hour and	PR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING IT OPERATION 198. CON WAS PERFORMED CAUSE OF medicol exominer) That (I) (this hospital last saw the decease of fram the causes state RE	ONTRIBUTINATED TO TIT. DITION FOR ORMED 21 hours of the control	DUE TO (C) (G) (G) (G) (G) (G) (HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, ne, foctory,	20A. AUTOPY? (Yes or No) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW did in that yiew the bady after deoth. tending Med. Director Ph 123D. ADDRESS	20B. IF YES, WERE IN CERTIFYING CA	auses of Death? The City, give exact focotion) 19 dinion death accurred on the last accurre
DISS rises UN OTTO DISSISTED OF TO DE PLANT OF THE PLANT	SEASES CO e la the NDERLYING THER SIGNT D THE DI SEASE OR A. ACCIDEN CONTRIBU ATH (natily D. TIAME INJURY PPROX.) I certify of (I) (We) d hour and X. SIGNATU I. PHYSICIA NAME (T) URIAL CREA	PR CONDITIONS, if a abave cause (A) a abave cause (A) a condition last. FICANT CONDITIONS CALL BUT NOT RELACION OF AUSING IT OPERATION 198. CON WAS PERFORMED CAUSING IT WAS UNDERLYING THAT (I) (this hospital last saw the decease from the causes state of the causes	ONTRIBUTING TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TH	DUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, of the point of the deceased from the deceased f	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW DID INJUR 19 21F. HOW DID INJUR 23F. HOW DID INJUR 23D. ADDRESS 1531 E. Nor	208. IF YES, WERE IN CERTIFYING CA	auses of Death? The City, give exact focotion) 19 dinion death accurred on the last signed last sign
DISSISSION WOLLD TO THE PROPERTY OF THE PROPER	SEASES COMENDERLYING THER SIGNITO THE DISEASE OR ALL ACCIDEN CONTRIBUATH (notily percent) The contribution of the contribution	PR CONDITIONS, if a abave cause (A) a abave cause (A) a condition last. FICANT CONDITIONS CALL BUT NOT RELACION OF AUSING IT OPERATION 198. CON WAS PERFORMED CAUSING IT WAS UNDERLYING THAT (I) (this hospital last saw the decease from the causes state of the causes	ONTRIBUTINATED TO TIT. DITION FOR ORMED 21 hours of the control	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, of the deceased from the deceased from M.D. At Ph	20A. AUTOPY? (Yes or No) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW DID INJUR 19 21F. HOW DID INJUR 21	208. IF YES, WERE IN CERTIFYING CA	inion death accurred on the



VS 150-REV, 1/1/65



A.E. CASE NO.	7 9715	CERTIFICA	TE OF DEATH		0, 0,10
NAME OF DECEASED TypePhinllip William	Doroff			or hour of death	6:35 P
PLACE OF DEATH IN BALTIMORE, University of Ma	ryland H	ospital NDED	Maryland I	Baltimore	
INSTITUTION		10-17-67	Baltimore	outside city limits, write	RURAL and give township)
38				orive occition)	
SEX M 6. RACE White	WID OWED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 8-4-15	9. AGE (In years)f Under 1 Yr. If Under 24 H Manths Days Haurs Min.
OA. USUAL OCCUPATION (Give kind of value during most al working life, even if retire Construction	work 108, KIND OF		Maryland	reign cauntry)	12. CITIZEN OF WHAT COUNTRY? USA
3. FATHERS NAME Phillip G. Dorof	f		Pauline M.		
5. Was Deceased Ever in U. S. Armed Yes, no ar unknawn) (If yes, give war ar NO	Farces? dotes al service)	of social security no. unknown	Patient's	Chart	ADDRESS
(This does not mean the made heart failure, asthenia, etc. It me injury ar complication which cou ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above cause (UNDERLYING CONDITION lost.	ons the disease, sed death.) SES if any, giving (A) stating the	(B)	he body of t		
other significant condition to the Death But not in Disease or condition causing the Death Sept 67 198.	RELATED TO THE	HICH OPERATION Obstructio	20 A. AUTOPSY? (Yes or no	No) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
w .	home	PLACE OF INJURY (e.g., i , farm, factory, street, o	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	()f in Baltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)				
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	ear) (Haur) 21E.	INJURY OCCURRED e At Not Whi		NJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Ye OF INJURY (APPROX.) 22. I certify that (I) (this hosp that (I) (we) last saw the dece	ear) (Hour) 21E. Whit Wart ital) attended th	e A1 Not Whi A1 Work e deceased fram 8 5 Oct 67	31.67 and	_19ta_6C that in(my) (qur) or	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year of INJURY (APPROX.) 22. I certify that (I) (this hosp that (I) (we) last saw the deceand have and from the causes 23A. SIGNATURE	ear) (Hour) 21E. Whit Wart ital) attended th	Not Whith At Work of deceased from 85 Oct 67	is 31.67 and view the bady after death of the bady aft	_19ta_6C that in(my) (qur) or	Oct 19 6 Dinian death accurred an the death accurred and the death a
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 210. Time (Month) (Day) (You of INJURY (APPROX.) 22. I certify that (I) (this hosp that (I) (we) last saw the deceand haur and fram the causes 236. SIGNATURE 231. PHYSICIAL'S NAME (Type)	ear) (Hour) 21E, While Wark Wark Wark I was a dive an	M.D. Att	a.31.67 19 and view the bady after death ending Med. Director 23D. ADDRESS University	19 to 6 Co	238. DATE SIGNED

V.S. 153 10-17-67 M.H.

A July - Value of the Value of Torre - Mariatry terrango ST ABILITY HE PROPERTY. IN THE In le Car a Comatena Startereson of live A moleculary gernold

of death

hospital

Decedse

(2)

Suc

eat

ALL, HES TARABLLARET USTS IN . 12 7 1:585

ATIMEC. 25 EA . TS

SEU IT A

EDOTS ENUISELIES ESTEVIAS

EU GIANTE BLANCE BYTAN ELAIS

A.S. TAVANA, ENDITLA

THE STATE OF THE S

R-15 Z	BALTIMORE CITY	Y HEALTH DEPARTMENT		C7 0710
BIRTH NO.	9718 CERTIFICA	TE OF DEATH	Registered No.	0/ 3/10
M.E. CASE NO.	a CERTIFICA		ND HOUR OF DEATH	
MYR /A (OR) MARIE A	KIABINSKY	4	0:40 Pm	10/9/67 M.
		A. STATE B. COU	NTY	istributon; researche before damission/
FULL NAME OF (If not in hospital or oddress or location) INSTITUTION	institution, give street	C. CITY OR TOWN (IF o	utside city limits, write	RURAL and give township)
23 John's Hopk	he 21 - 0	BAIT	MORE	1-05
	Mosk,	D. STREET ADDRESS (1)	PRETT S	T
5. SEX 4 6. RACE W 7.	WIDOWED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
LADIES COMPANION	-	Kuss:	74	IST PAPERS
13. FATHER'S NAME		14. MOTHERS MAIDEN NA	AME	131 141213
UNK			UNK	
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of	? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No -	061-28-6801	FRANK RACHUK	2205 E	PRATT STREET
18. // 2 / 1	CAUSE	OF DEATH	- 200 2	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLY	10 - 0 - +	4	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of d)	/ing. e.g DUE TO	KESPIRATOR	27 + 78nd	ticiener
heart failure, asthenia, etc. It means th	e disease,	•		
injury or complication which caused de	eath.)	AT CEN CA	ofLunc	
ANTECEDENT CAUSES	DUE TD			1
DISEASES OR CONDITIONS, if any				· All
UNDERLYING CONDITION last.	* *************************************	роби 00 0 и ии 00 ии 00и 0 и 00 00 00 00 00 0 и 000 и 000 и и и 000 0		
7	an all			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.				Ų.
DISEASE OR CONDITION CAUSING IT.	TION FOR WHICH OPERATION	20A. AUTDPSY? (Yes or h	lo) 20B, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY DCCUR?	(If in Boltimor	e City, give exact location)
O 21D-TIME (Month) (Doy) (Year)	Hour 21E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
S OF INJURY (APPROX.)	While AI Not Whi	ite 🖂		
	Work At Work	Oct	10/17	OUT 9 WAS
22. I certify that (1) (this hospital)		10 (617)	19 6 10	OCI 9 1967.
that (1) (we) lost sow the deceased	A .			nion deoth occurred on the dote
ond hour ond from the couses stated 23A. SIGNATURE	abave (1) (We) (did) (did not)	view the body ofter deoth	•	DATE SIGNED
VED .	M.D. Att	tending Med.	Stoff X	238. DATE SIGNED
23C. PHYSICIAN'S	Ph	ys. Director L	Phys.	10/9/67
NAME (Tybe)	G1 0 40	1 1	1	1 21
24A. BURIAL CREMATION, 24B. DATE	GI mour M.D.	7.10.1	405/11 M	DAILMONE
REMD VAL (Specify)		REMATORY 24D.		ity, lown, or county) (Stote)
DUK/A L	21 111101/200		ERMAN	
25A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAL	25C. FUNERAL DIRECTO		ADDRESS
I DAI TO LOAL ATPORTE		UMPELIB	100 IN (18C	DOELOMBAROST

MARKE KIABINSKY 101+0 PM 10/9/67 bMY BAR IT MORE John's Hopkins Hosp. 2205 YOUTST. Russ:A KES Proption Insufficiency OAT CON CA OF Lung no ruemli & 34 KAN EllEN (SI) MOUR SSOURCETIAN INTITION LIT

IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. CE (Where deceased lived, If institution; residence before admission) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (new) (aur) apinion death accurred an the date 23 B, DATE SIGNED (City, town, or county ADDRESS VS 150-REV. 1/1/65



	BIRTH NO. 67 97	מחני	HEALTH DEPARTMENT	Registered Na	67 9720
1	BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	OF OFFICE
	1, NAME OF DECEASED (Type or Print)		2. DATE AN	ND HOUR OF DEATH	-
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	STANLEY	4. USUAL RESIDENCE (Whe	the deceosed lived. If ins	stitution: residence before odmission)
1	FULL NAME OF (If not in hospital or institut	ion, give street			
1	HOSPITAL OR oddress or location) INSTITUTION		C, CITY OR TOWN (IF OU	tside city limits, write R	URAL and give Jownship)
	00		D. STREET ADDRESS (IF	ORE Turol, give location)	1200
	109 W. 27Th ST	-,	109 W.	27th 5	57,
		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months: Days Houis Min.
	MALE CHUCAS/AN NO. 100. USUAL OCCUPATION (Give kind of work 108, KIN)	ARRIEN OF BUSINESS OF INDUSTRY	MAY 17, 1922 11, BIRTHPLACE (Stote or fore	46	12. CITIZEN OF
	done during most of working life, even if retired)	RHENT CO.	-	LAMEDS	WHAT COUNTRY?
	SUPERVISOR GA	R17 = 101 (0.	14. MOTHER'S MAIDEN NA	KANSAS	UIZIA.
	EL MER STA	NLEY SR.	FREDA	BEE	R.
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	17. INFORMANT	109	ADDRESS W. 27TH ST.
	YES 1941 7793		MRS. ELMER	LL STAN	LEV SR
1	DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
	LEADING TO DEATH	(A),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	myorard	inforface	in thru
	(This does not meen the mode of dying, heart foilure, osthenio, etc. It means the dise injury or complication which coused death.)		010	- 0	
	ANTECEDENT CAUSES	(B)	Allews	clearly	2 Gear
	DISEASES OR CONDITIONS, if ony, gi	DUE TO ving	Hear	Miseas	10
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	The (CI			
	, II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT,	THE			
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No	O) 208. IF YES, WERE F	INDINGS CONSIDERED
		Patricipa de la companya del companya de la companya del companya de la companya	NO		
71	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	ffice bldg, INJURY OCCUR?	(If in Boltimore	City, give exact locations
	O 21D TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)	While At Not-Whit			
	22. I certify that (I) (this hospital) attend		9an 10	1966 to O	cf 9 1967.
	that (1) (we) last saw the deceased alive	0 0 - 1	1 . 1	-/	ion death accurred on the date
	and hour and from the causes stated abov	e. (1) (We) (did) (did nat) v			
	23A. SIGNATURE	111			23 B. DATE SIGNED
	Florida Wa	llus Chi Phy	s. Director	Stoff Phys.	10/10/67
	13 CPRHYSICIAN'S NAME (Type) LEONARO WALLE	NSTEIN M.D.	SYS W	36 mg/	BACTO MO
	24A. BURIAL CREMATION, 24B, DATE 24	C. NAME of CEMETERY OF CRE		OCATION (Cit	y, town, or countyl (Stotel
	BURIAL	LIBERTY CE.	H. PPOMATTOX	APPOMATI	TOX VA
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA/	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	A PPOM.	ATTO ADDRESS A.
1	OCT 1 3 1967 R. b. 6	2 Failman	KOBINSO,	N FUNEI	RAL HOME
	VS 150-REV. 1/1/65				

IMPORTANT

DIRECTOR:

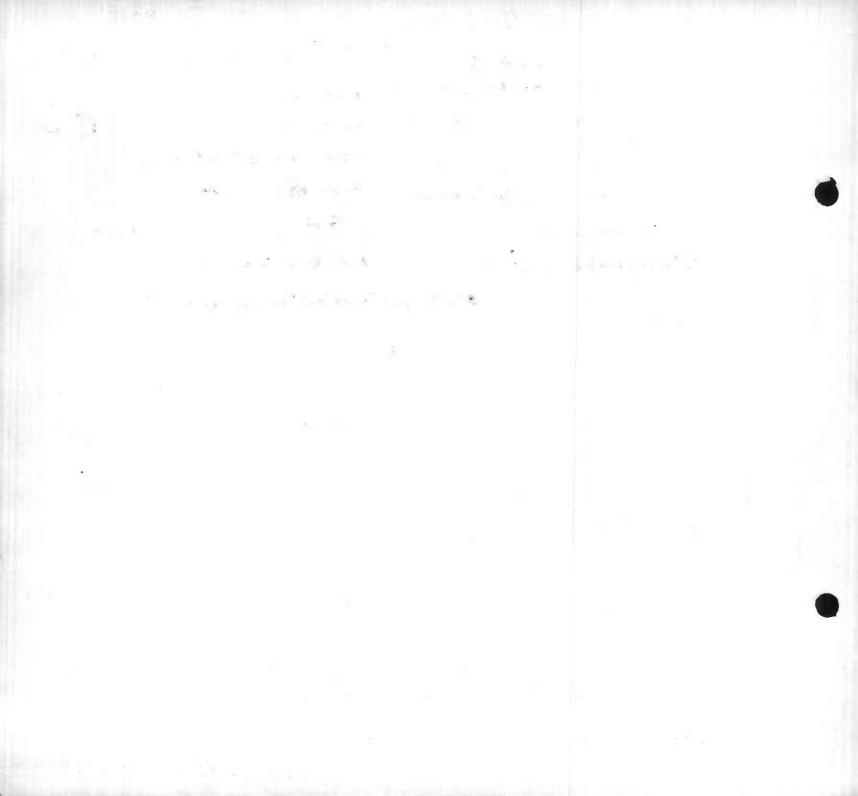
FUNERAL

THE GOOD & SHOPE HERSON 328 S. Feligh St. James Wilson THE DISKNEY SISTEMENT WARTE WINE artemany ati) France Tralling to haray apternation and security and the second water water with the state of the state of the second and the second BALTE SYSTEM

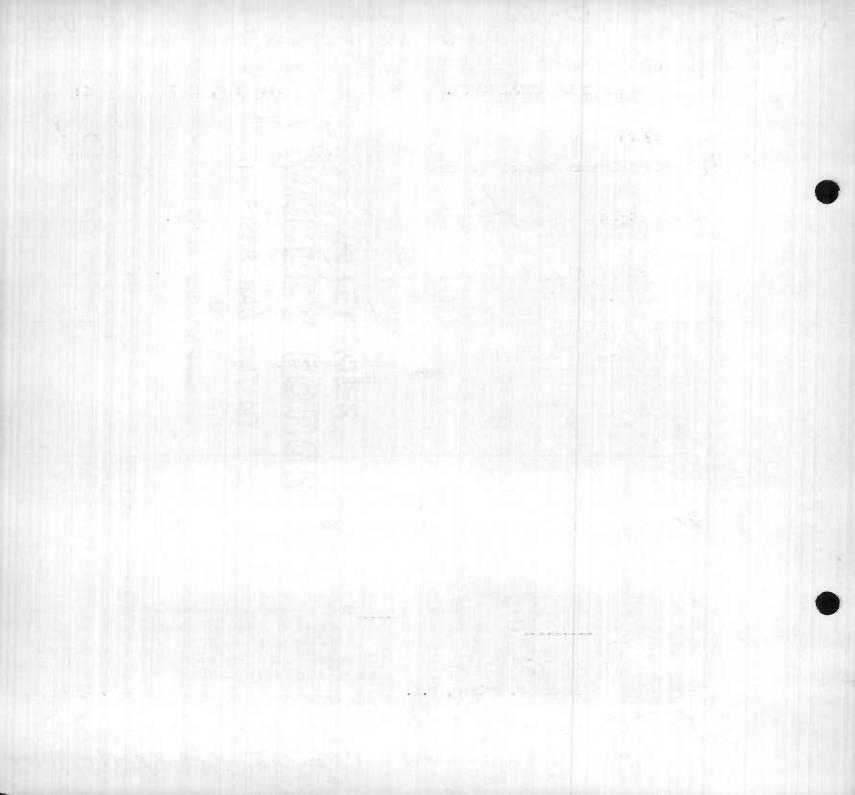
IMPORTANT

DIRECTOR:

FUNERAL



	H NO. 67-1/898 MEI	DICAL EXAMINER	S CER	TIFICATE OF I	DEATH Registered N	0/ 9/23
	AME OF DECEASED			2. DATE AN	D HOUR PRONOUNCED DE	AD
		WILLIAMS JR. WHERE PRONOUNCED DEAD	A.	STATE Where	er 8, 1967 de cased lived, If institution: B. COUNTY	
HO	L NAME OF (IF NOT IN HOSP PITAL OR ADDRESS OR LOCAL ITUTION	PITAL OR INSTITUTION, GIVE STREE CATION)	ET C.		e corporote limits, write RUR/	AL and give township)
4	South Baltimore G	General Hospital	D.	STREET ADDRESS Wholed, 857 Del	girl location) hune R	d.
5. s Ma	le Colored	7. MARRIED NEVER MARRIED WIDOWED DIVORCED Specify	6	0 - 21-1967	7 lost birthdoys Mor	Under 1 Yr. If Under 24 Hrs. oths, Ooys Hours Min.
done	USUAL OCCUPATION (Give kind of w during most of working life, even if retired		1	altimul	m country)	CITIZEN OF WHAT COUNTRY?
	ATHER'S NAME Robert & VAS DECEASED EVER IN U.S. ARM	C. Williams,	Dr.	MOTHER'S MAIDEN NAM!	Brown	DRESS /
	, no or unknown) (If yes, give wor or d			abert L. U	Illeance	Janul Interval Between
CERTIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not meen the mode heart failure, asthenia, etc. It mee injury or complication which cause ANTECEDENT CAU: DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	TH of dying e.g., ons the disease, d deoth.) SES ANY, GIVING STATING THE T. (C)	K inf	en unexpected ancy	death in	
¥	19A, DATE OF OPERATION 19B, CO WAS P	ERFORMED 218, PLACE OF INJURY home, form, foctory, s	f (e.g., in o	Yes	20B, IF YES, WERE FINDING IN CERTIFYING CAUSES O Yes. (If in Boltimore City, give exc	F DEATH?
ME	UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Y (APPROX.) 22. I certify that I held an resulted fram: Natural of ACTUAL SIGNATURE EXAMINER'S		Autaps Sulcide	sy XX and that an thi	s basis, death In my ap Undetermined manner AMINER XAMINER X	DATE SIGNED
REA	NAME (Type) Edwa BURIAL CREMATION, 23B, DATE ACYAL (Specify) BURIAL 0- DATE REC'D BY HEALTH DEPT.	1-67 Mt. C	ulu	REMATORY 239 L		ar 9, 1967
V	OCT 13 1967	Robert E. Farley	MA	arlingto	us fhelig	2 1727 Mod



IMPORTANT

FUNERAL DIRECTOR:

67 6	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	67 9724
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	7 3/24
M.E. CASE NO. TO THE TOTAL OF T	A. GA	ARDNER	NO HOUR OF DEATH	1,20
B. PLACE OF DEATH IN BALTIMORE MARYLAN	REMIDED		ore deceased lived. If in	nstitutian: residence befare admission
ERAME OF THE NOT IN hospitol or inst	MENDED		/	
HOSPITAL OR oddross or location)	10-25-67			RURAL and give tawnship)
0) /- : : :		Boooldo	99999999 TOW	son 7110
9 Keswick		D. STREET ADDRESS (II	rural, give lacation)	50 (4)
		8. DATE OF BIRTH		05-00
	ARRIED, NEVER MARRIED	3-25-1893.	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108.)	IND OF BUSINESS OR INDUSTR		oign country)	12. CITIZEN OF
fane during mast of working life, even if retired)	10 7. 0.	12. 11		WHAT COUNTRY?
3. FATHER'S NAME	Jarun Co.	14. MOTHER'S MAIDEN NA	ME Ta.	4.2.7
11) P. A el	P	a Evelyny	71. 01.	
5. Was Decoased Ever in U. S. Armed Forcos? (es,no or unknown) (If yes, givo wor or dotos of s	11 6. SOCIAL	17. INFORMANT	Maride yo	ADDRESS
	A	110 0	0011 16	07, +
Yes WW 1	215-03-9820	OF DEATH	Checke	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	,			ONSET AND DEATH
LEADING TO DEATH	. G. h.	rolyd achus 2 CVA, left	+ Desease	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the	g, e.g., DUE TO	Mark X State Co. 1. Y		
injury or camplication which caused death	1.)	. 0. 20 8		
ANTECEDENT CAUSES	(B) OLL	rionge and	neceoris	a : a a a a a a a a a a a a a a a a a a
DISEASES OR CONDITIONS, if any,	giving (T/	20,1A 000	61.60	
rise to the obove couse (A) statis UNDERLYING CONDITION last.	ig the (C) <u>U1 (</u>	CON , TO	- Jeoge	
- 11				
OTHER SIGNIFICANT CONDITIONS CONTR	TO THE DO A.	-	of.	
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	120A AUTOPSY? (Yes or N		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		307107073711103 01 11	IN CERTIFYING CA	USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimor	re City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	etc.)	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Day) (Yoor) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
E (APPROX.)	While At Not Wh			
22. I certify that (I) (this hospital) atte			10 1-1	10/10 1967
that (I) (we) last saw the deceased ali	- 1 4	11 \ 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.19 to	inian death accurred an the de
and have and from the causes stated at				inian death ac,corred an the a
23A. SIGNATURE.	Save. (1) (ne) (ala) (ala nat)	view the bady after death.	,	23B. DATE SIGNED
Solle entitled		Med.	Stoff	10-11-67
23C. PHYSICIAN'S	Ter JNB	23D. ADDRESS	Phy s.	/0 // 0 /
NAME (Type)	m.D	D 16	u d	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF C	()17((00)	LOCATION (C	City, town, or county) (Stoto)
REMOVAL (Specify)				
Burial 10-13-67 25A. DATE REC'D BY HEALTH DEPT. 25B.	Prospect Hill C	emetery To		more OD. Maryland
MET 13 1967 (P.O.	e & Jankey MA		ooks Towson	1050 York Road
VS 150-REV, 1/1/65			= 1	Towson, Maryland

BIRTH NO.	67 972		TE OF DEATH		67 9725		
M.E. CASE NO.				AND HOUR OF DEATH			
1. NAME OF DECEASED (Type or Print) Edward	Brack			tober 6, 196			
3. PLACE OF DEATH IN BALTIMO	RE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)				
FULL NAME OF (If not in HOSPITAL OR oddress of	hospitol or institution, r location)	give street	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, with RURAL and give township)				
INSTITUTION			Bal df more		S one gray own may		
00 3928 Colche	ster Rd.		D. STREET ADDRESS 3928 Colch	(If rurol, give location) ester Rd.			
5. SEX 6. RACE Cauc.	WIDOWI	NEVER MARRIED O, DIVORCED (specify) Lowed	B. DATE OF BIRTH July 2, 1889	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kin		F BUSINESS OR INDUSTRY			12, CITIZEN OF		
done during most of working life, even in Retired factory		rican Can	Maryland		WHAT COUNTRY?		
13. FATHERS NAME			14. MOTHER'S MAIDEN				
Charles Bra	ck		Henrietta	Treulieh			
15. Wos Deceased Ever in U. S. A (Yes, no or unknown) (II yes, give wo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NO		215-09-4322	Emil Brac	k 392	28 Colchester Rd.		
DISEASE OR CONDIT LEADING TO	DEATH	(A)	Parcino	ma) Lu	INTERVAL BETWEEN ONSET AND DEATH		
heort loilure, osthenio, etc. 1 injury or complication which	meons the disease caused deoth.)		ASOL	X	1 3		
ANTECEDENT	AUSES	DUE TO					
DISEASES OR CONDITION	e (A) stating the		······································				
ONDERENNO CONDITION	1031.						
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA	T RELATED TO T			one-			
19A. DATE OF OPERATION 1		WHICH OPERATION	20 A. AUTOPSY? (Yes o	No. 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTING CAUSE	LYING 21 ho	me, form, foctory, street, c	in or obout 21 C. WHERE DI	D (II in Boltime	ore City, give exact location)		
OF INJURY (Month) (Doy)	(Yeor) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?			
OF INJURY (APPROX)		hile At Not Whi	le C				
22. I certify that (I) (this	ospital) attended	the deceased from	Nov	1964 to C	CCF 6 196/		
that (1) (we) lost sow the		The second of	(pinlon deoth occurred on the dot		
and hour and from the cou	ies stated above.	(I) (qid) (qid)	view the body ofter dec	th.			
23A. SIGNATURE	as la	M.D. Att	tending Med.	Stoff Phys.	23B. DATE SIGNED		
23C, PHYSICIANS NAME (Type)		M.D.	23D. ADDRESS		160 10		
24A. BURIAL CREMATION, 24B. I	ATE lase		FAAATORY TO AT	O LOCATION (City to the second seco		
REMOVAL (Specily)		Baltimore Ceme		Baltimore,	City, town, or county) (Stote) Marvland		
25A. DATE REC'D BY HEALTH DE		OF REGISTRAR	25C, FUNERAL DIREC		ADDRESS		
		0 7 0			Baltimore, Md. 2120		

· Laborer

con conjection is experienced as the control of the

) = C 19

in the state of th

n. He and the second of the second

Type or Print) KRAHAM, CHARLES	2, DATE AND HOUR OF DEAT	4 8 10 D.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	C. CITY OR TOWN (If outside city) limits, write	RURAL and give township)
308 S. POPPLETON ST	BACTIMORE D. STREET ADDRESS (If rural, give location)	2/-02
DOBALTIMORE, MD.	308 S. POPPLETON	4
6. RACE 7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8, DATE OF BIRTH Feb 10 1906 9, AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK BOOK SHOP	New York	USA
MICHAEL P. KRANDAM	SARAH ROHAN	
5. Was Deceased Ever in U. S. Armed Farces? Yes, na or unknown) (If yes, give war ar dotes of service) 79-03-6246	17. INFORMANT MARY KRAHAM	ADDRESS SIAME
18.44 20, 1 I CAUSE OF	- I mortuitling	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Annealist Infants	
(This does not mean the made of dying, e.g., DUE TO heart foilure, osthenia, etc. It means the disease,	Azocardial Infancti terioscleratic Corona Thrombo	
injury or camplication which coused death.) ANTECEDENT CAUSES (8)	terioscleratic Corona	ry 1/2 gears
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	Thrombo	is
UNDERLYING CONDITION lost,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	n ar about 21 C. WHERE DID (If in Bo)tim fice bldg., INJURY OCCUR?	ore City, give exact lacotion)
21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	2 - 1	1 12 11
(APPROX.) Work At Work		
22. I certify that (%) (this haspital) attended the deceased from	19 66 to	dugust 3 1966
22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased olive an august 3	19 66 and that in (my) (19) a	J
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an and hour and from the causes stated above. (I) (1) (did) (did) v 23A. SIGNATURE	19 66 and that in (my) (and iew the bady after death.	9
(APPROX.) 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an august 3 and hour and from the causes stated obave. (I) (1) (did) (did) v 23A. SIGNATURE Wark At Wark At Wark At Wark At Wark A Wark	19 6 and that in (my) (see) a lew the bady after death.	pinian death accurred on the dat
(APPROX.) Wark At Wark 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an analysis of the causes stated obave. (I) (1) (did) (did) v 23A. SIGNATURE Wark At Wark	19 66 and that in (my) (and iew the bady after death.	pinian death accurred on the dat
22. I certify that (1) (this hospital) attended the deceased from that (we) lost saw the deceased olive an and hour and from the causes stated obave. (I) (1) (did) (did) v 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	iew the bady after death. And Staff Phys. Director Phys. DF Mo EMATORY 24D. LOCATION	238. DATE SIGNED 10/8/67 HOSPITAL City, town, or county) (State)
22. I certify that (1) (this hospital) attended the deceased from that (we) lost saw the deceased olive an and hour and from the causes stated above. (I) (1) (did) (did) very very very very very very very very	iew the bady after death. And Staff Phys. Director Phys. DF Mo EMATORY 24D. LOCATION	238. DATE SIGNED 10 8 6 7 HOSPITAL City, town, or county) (State)

oth server in 1. 100 - 100

IMPORTANT

DIRECTOR:

FUNERAL

JAT FROM JA DOMESM MODINE

50000

the law of the Are East II

BEALD A CARLD B

MARRYLAGO

3 DOM LTURNS

YOUR ST AND KEEL-CK Ret

WORLD W

03-17-03

MARKLAND

ENHA TRAVERS

MAY DESTRUCT THE PART OF THE PARTY OF THE PA

MANGRAMA

Acute Myscardial Indontion

Diabetes Hall Tus

o-u

THE TOTAL THE STANFOLD TO A TO . 8 Taylo 2-0

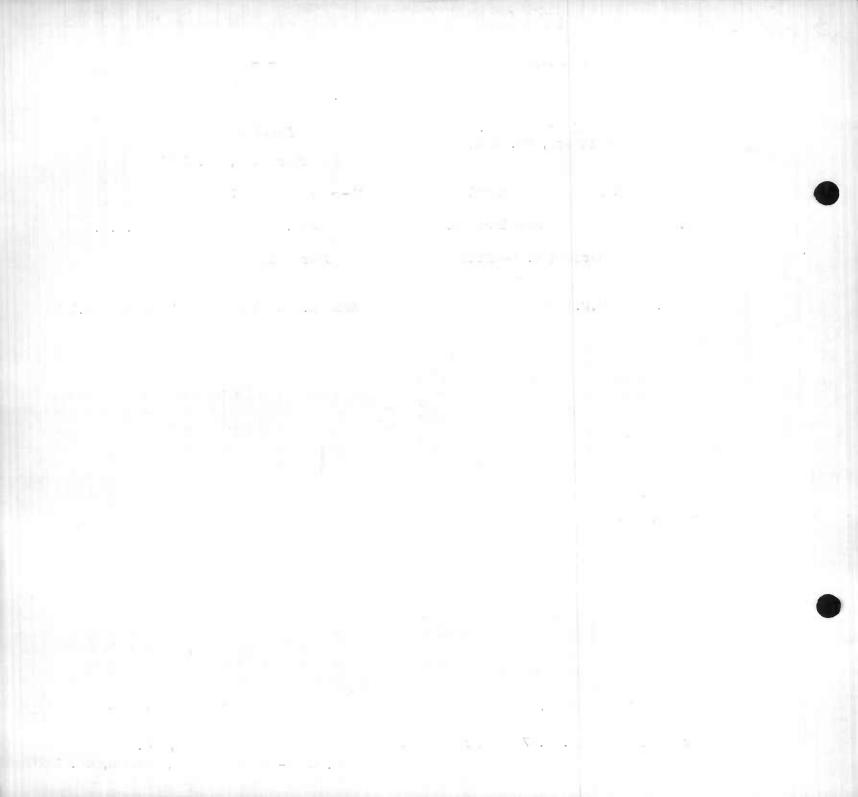
MY ROOFLY SANCARES THERE THE CODE CODING AGAIN, RIGHT 19571 TAL

e ete

Date beer 3, 1950

. Mary December 10: 2 December 1

BIRTH NO.	67	97	22	TE OF DEATI		67 9728
M.E. CASE NO.	CEASED			2. DAT	E AND HOUR OF DEATH	
Type or Print)	Howes Bodfish	n			-9-67	I IL P. A
	EATH IN BALTIMORE, MAR			4. USUAL RESIDENCE (A. STATE B. C.	Where deceased lived. II in OUNTY City	stitution: residence belore admission
FULL NAME HOSPITAL OR INSTITUTION					If outside city limits, write I	RURAL and give township)
00	Baltimore,			D. STREET ADDRESS	(If rural, give location) nhill, Rd. 212	21
5. SEX	6. RACE	7 AA A PRIFT	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
M	Cauc	Man	cried (specify)	12-7-1894	73	Months Days Hours Min.
Mgr. most o	CUPATION (Give kind of work if working life, even il retired)	log KIND O		Mass.	foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	Hartson H	E. Bodf	ish	Clara Di	lal	
5. Was Decease Yes, no or unknov	od Ever in U.S. Armed Forc vn) (If yes, give wor or dotes	es? of Bervice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes.	W.W.1			Anna L. Bdo	dfish 314 The	ornhill Rd.21221
18.42	(0)/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DIRI LEADING TO DEATH	ECTLY	n	. 0	- /	
(This does	nal mean the made of	dying, e.g.	DUE TO	locardeal p	enfarohon),	plinds.
heart failure	, asthenia, etc. It means implication which caused	the disease		recureur		
	ANTECEDENT CAUSES		(B) Cor	ovary seller	oses to ocches	18 ruse
DISEASES	OR CONDITIONS, if a	inv giving	DUE TO	6	, , .	
rise to 1	he abave cause (A)			uralized ar	Lucocleroses	1 5+2h
UNDERLYIN	NG CONDITION last,					
E TO THE	II NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING IT	TED TO T				
	OF OPERATION 198. CONE		WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	21 ho etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.)	fice bldg., INJURY OCCU	D (If in Boltimore	e City, give exact location)
0 21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			hile At Not While	е		
			ork At Work			0 10
	y that (1) (this hospital)			Fac 14	195/to	GEF 9 19 6.7
that (1) (we	e) last saw the decease	d alive on	Supt	// 1967 an	d that in (my) (our) opi	nion deoth occurred on the da
and hour o	nd from the couses state	ed obove.	(1) (We) (did) (d id not) v	iew the body ofter de	oth.	
23A. SIGNAT	TURE	1/		,	/	23B. DATE SIGNED
1	edwink (1)	alle	M.D. Atte	ending Med. S. Director	Staff Phys.	Och 12 1967
23C. PHYSIC	IAN'S			23D. ADDRESS		111
	Frederick J.	Voll	mer M.D.	6100 Yorl	k Road Balt	o. Md. 21212
4A. BURIAL CE	EMATION, 248. DATE		NAME OF CEMETERY OF CRE			ty, town, or county) (State)
Cremat			Greenmount of REGISTRAN	25C. FUNERAL DIRE	Baltimore,	Md. ADDRESS
O. T. D. T. I. C.			2 Farley MA	Wm. Cook-	Brooks Towson,	Towson, Md. 21204
VS 150-REV. 1/1		Vxe. 15 4	1 / CNINGS	1 1		
3 130-NE VI 1/1						



VS 150-REV. 1/1/65

competion factions derence record folices

20000000

YES

E. Mc Rugla.

10-12-51

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written and a proposition of the deceased prior to death.

Type or Print)	CEASED			TE OF DEATH	AND HOUR OF DEATH	
	Leola He	ood		04	et. 10, 1967	
. PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (V	Vhere deceased lived, If in	stitution: residence before admissi
				A. STATE B. CO	UNTY	
FULL NAME (give street	Maryland		
HOSPITAL OR	oddress or location	n/		C. CITY OR TOWN	outside city limits, write R	RURAL ond give township)
House	In The Pines,	Belved	ere	Baltimore		11-0
CIA				D. STREET ADDRESS	(If rurol, give location)	V
70				1001 St. 1	Paul St.	
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 h
Female	Compagian	Wido	D, DIVORCED (specify)	0.10 1000	lost birthdoyl	Months Doys Hours Min.
	Caucasian			AUG-17, 1889	foreign country)	12. CITIZEN OF
	working life, even if retired)	2	DOSINESS ON INDUSTRI		ioleigh Country/	WHAT COUNTRY?
		,		Maryland		U.S.A.
FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
Rufus P	erry			Alice Him	ndle	
	d Ever in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	n) (If yes, give wor or dote		SECURITY NO.			
No			?	Mrs. M. P. Pa	arrott 1001 S	St. Paul St.
18. 11	0,01		CAUSE O	F DEATH N		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITIONS, if		11:00	1111	1 -	
OTHER SIGN TO THE C	e obove cause (A) G CONDITION lost. II IIIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	Slating The	E	fullyrac	den	
OTHER SIGN TO THE CONSERVATE OF THE CONSERVATE O	IIIION I OSI. IIIIION I OSI. IIIIION I OSI. IIIIION I OSI. IIIIION I ONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 19B. CON WAS PERI	ONTRIBUTINATED TO THE	G E WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGN TO THE CONTRIBUTION OF CONTRIBUTION	e obove cause (A) G CONDITION lost. IIIIICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON	Slating The	WHICH OPERATION PLACE OF INJURY(e.g., in e., form, foctory, street, of	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID fice bldg., INJURY OCCUR.	(If in Boltimore	FINDINGS CONSIDERED USES OF DEATH? City, give exact locotion)
OTHER SIGN TO THE CONTROL OF CONTRIBUTION OF C	IF OPERATION 1981. INT WAS UNDERLYING UTING CAUSE OF	ONTRIBUTINATED TO THE	WHICH OPERATION PLACE OF INJURY(e.g., in e., form, foctory, street, of	or obout 21C. WHERE DIC	(If in Boltimore	
OTHER SIGN TO THE CONTRIBUTION OF CONTRIBUTION OF INJURY	INT WAS UNDERLYING UTING CAUSE OF y medical examiner)	STATING THE CONTRIBUTION TO THE TIT. IDITION FOR HOMED (Hour) 21E	PLACE OF INJURY (e.g., in e., form, foctory, street, of) INJURY OCCURRED ile At Not While	n or obout 21 C. WHERE DID	(If in Boltimore	
OTHER SIGN TO THE CONTROL OF INJURY (APPROX.)	IN THE SECOND SE	STATING THE CONTRIBUTION TO THE TIT. DITION FOR HOME HOME HOME HOME HOME HOME HOME HOME	PLACE OF INJURY (e.g., in e., form, foctory, street, of) INJURY OCCURRED ite At Not While At Work	n or obout 21 C. WHERE DID	(If in Boltimore	
OTHER SIGN TO THE CONTROL OF INJURY	INT WAS UNDERLYING UTING CAUSE OF y medical examiner)	STATING THE CONTRIBUTION TO THE TIT. DITION FOR HOME HOME HOME HOME HOME HOME HOME HOME	PLACE OF INJURY (e.g., in e., form, foctory, street, of) INJURY OCCURRED ite At Not While At Work	n or obout 21 C. WHERE DID	(If in Boltimore	
OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)	IN THE SECOND SE	ONTRIBUTINATED TO THE T. DITTON FOR Hour etc. (Hour) 21E Whom to the technique of the techn	PLACE OF INJURY (e.g., in e., form, foctory, street, of) INJURY OCCURRED ite At Not While At Work	or obout 21C. WHERE DID injury occurs	INJURY OCCUR?	City, give exact locotion)
OTHER SIGN TO THE CONTROL OF INJURY (APPROX.)	INTERPOLATION (Day) (Year) INTERPOLATION (AND TRELATION) (AND	CONTRIBUTINATED TO THAT. CONTRIBUTINATED TO	PLACE OF INJURY (e.g., in e., form, foctory, street, of) INJURY OCCURRED ile At Not While rk At Work	in or obout 21C. WHERE DID in or obout 21C. WHERE DID in JURY OCCUR:	INJURY OCCUR?	City, give exact locotion)
OTHER SIGN TO THE CONTROL OF INJURY (APPROX.)	IIFICANT CONDITIONS COPEATH BUT NOT RELACONDITION CAUSING I F OPERATION 198. CON WAS PERION WAS PERION (Month) (Day) (Year) (Month) (Day) (Year) (that (1) (this hospital) (I staw the decease of fram the causes state	CONTRIBUTINATED TO THAT. CONTRIBUTINATED TO	PLACE OF INJURY (e.g., in e., form, foctory, street, of) INJURY OCCURRED ile At Not While rk At Work	or obout 21C. WHERE DID injury occurs	INJURY OCCUR?	City, give exact locotion)
OTHER SIGN TO THE CONTROL OF INJURY (APPROX.)	IIFICANT CONDITIONS COPEATH BUT NOT RELACONDITION CAUSING I F OPERATION 198. CON WAS PERION WAS PERION (Month) (Day) (Year) (Month) (Day) (Year) (that (1) (this hospital) (I staw the decease of fram the causes state	CONTRIBUTINATED TO THAT. CONTRIBUTINATED TO	PLACE OF INJURY (e.g., in the, form, foctory, street, of the interpretation). INJURY OCCURRED At Work the deceased from the interpretation (dld nat) very the interpretation (d	21F. HOW DID and iew the bady after deat	INJURY OCCUR? that in (my) (aux) apir	City, give exact locotion)
OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19	IIFICANT CONDITIONS COPEATH BUT NOT RELACONDITION CAUSING I F OPERATION 198. CON WAS PERION WAS PERION (Month) (Day) (Year) (Month) (Day) (Year) (that (1) (this hospital) (I staw the decease of fram the causes state	CONTRIBUTINATED TO THAT. CONTRIBUTINATED TO	PLACE OF INJURY (e.g., in the form, foctory, street, of the form). INJURY OCCURRED ite At Work the deceased from the de	21F. HOW DID 21F. HOW DID and iew the bady after deat Med. Director	INJURY OCCUR?	City, give exact locotion)
OTHER SIGN TO THE CONTROL OF INJURY (APPROX.)	IIIII IIII IIII IIII IIII IIII IIII IIII	CONTRIBUTINATED TO THAT. CONTRIBUTINATED TO	PLACE OF INJURY (e.g., in the form, foctory, street, of the form). INJURY OCCURRED ite At Work the deceased from the de	21F. HOW DID and iew the bady after deat	INJURY OCCUR? that in (my) (aux) apir	City, give exact locotion)
OTHER SIGN TO THE CONTROL OF INJURY (APPROX.) 21.A. ACCIDE OR CONTRIBUTE (APPROX.) 22. I certify that (I) (we) and haur an an array (array array array array (array array array array array (array array array array array (array array array array array array (array array array array array array (array array array array array array array array (array array array array array array (array array ar	IIIII IIII IIII IIII IIII IIII IIII IIII	CONTRIBUTINATED TO THAT. CONTRIBUTINATED TO	PLACE OF INJURY (e.g., in the form, foctory, street, of the form). INJURY OCCURRED ite At Work the deceased from the de	21F. HOW DID 21F. HOW DID and iew the bady after deat Med. Director	INJURY OCCUR? that in (my) (aux) apir	City, give exact locotion)
OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19	INFICANT CONDITIONS COPEATH BUT NOT RELACONDITION CAUSING I F OPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) (that (I) (this hospital of the cause state of the cause of the cause state of the cause of t	CONTRIBUTINATED TO THAT. CONTRIBUTINATED TO	PLACE OF INJURY (e.g., in the form, foctory, street, of the form). INJURY OCCURRED ite At Work the deceased from the de	21F. HOW DID 21F. HOW DID 21F. How DID and iew the bady after dear Med. Director	that in (my) (aux) apir the	City, give exact locotion) 19 19 19 238. DATE SIGNED
OTHER SIGN TO THE CONTRIBUTE OF INJURY (APPROX.) 23. Lertify that (I) (was and haur and 23.4. SIGNAT.	INFICANT CONDITIONS COPEATH BUT NOT RELACONDITION CAUSING I F OPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) (that (I) (this hospital of the cause state of the cause of the cause state of the cause of t	ONTRIBUTINATED TO THE T. DITION FOR FORMED (Hour) 21E Who work ted abave. (1997) 24C. N.	PLACE OF INJURY (e.g., in re, form, foctory, street, of the control of the contro	21F. HOW DID 22F. HOW DID 23D. ADDRESS	that in (my) (aux) apir	238. DATE SIGNED (() (%) (Stote
orther sign to The Disease or 19A. Date of 1	INTERPOLATION (Day) (Year) (Month) (Day) (Year) (Mars saw the decease of fram the causes state of the cause	ONTRIBUTINATED TO THE T. DITION FOR FORMED (Hour) 21E Who wo ted above. (1) 24C. N.	PLACE OF INJURY (e.g., in e., form, foctory, street, of the form) INJURY OCCURRED ile At Not While At Work At Work M.D. Atter Phys	21F. HOW DID 22F. HOW DID 23D. ADDRESS	that in (my) (aux) apir h. Stoff Phys. LOCATION (City Baltimore City Baltimore City	238. DATE SIGNED (() (%) (Stote

. 100 - 200 = 200 - 00 t.

VS 150-REV. 1/1/65

g is 1,540

-v. 7 7

Tece . I word

وي د اهواله ال

FUNERAL DIRECTOR: IMPORTANT

4-135		BALTIMORE CI	TY HEALTH DEPARTMENT		67	9722	
MRTH NO. 67-20	048 67	9733 CERTIFIC	ATE OF DEATH	Registered Na	01	0/00	_
N.E. CASE NO.				ID HOUR OF DEATH			_
Type or Print)	PRIC HU	I FEM an		10/0/67		3:45	0
PLACE OF DEATH IN	BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Whe	re deceosed lived. If in:	stitution: resider	nce before adition	55
			A. STATE B. COUN				
FULL NAME OF HOSPITAL OR	(If not in hospital or oddress or location)	institution, give street	Md	Dallinore			
		"Tal	n	tside city limits, write R	URAL ond give	township)	,
12 5	inai Ho	613. 10.	120	Mimore	6	-0-0	
Hd.	Baltin	ore, nd		rurol, give location)	.0		
			4800				
SEX 6. RA	CE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months! Doy!	r. If Under 2 s Hours A	Air
F	W		10/00/67		- 8		
		B. KIND OF BUSINESS OR INDUST	RY 11. BIRT PLACE (State or fore	ign country)	12. CITIZEN	OF OUNTRY?	
one during most of working	g lile, even if retired)		MO		US		
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	00		_
HAIRER S NAME							
S. Was Deceased Ever	15 HUFFI	7 an	Unknow	m			
. Was Deceased Ever	in U. S. Armed Force	s? 1 6. SOCIAL	17 INCORNADALT		ADI	DRESS	
es, no or unknown) (If ye	s, give wor or doles	of service) SECURITY NO.	Chart - S	inai Hospi	161		
110	885 L	CALLER	OF DEATH			DVAL DETWEET	_
VIB. 340	31		OF DEATH			RVAL BETWEEK ET AND DEAT	
	CONDITION DIRECTION OF THE CONDITION OF	CTLY	0. 0.1	1			
	eon the mode of d	ving e.g. (A)	Griming Enels	My enul			
heart foilure, osthe	nio, elc. Il meons th		Q				
injury or complical	lion which coused d	eoth.)	Sen to				
ANTE	CEDENT CAUSES	DUE TO	Jaconie	******************	*************		
	ONDITIONS, if on	y, giving	Meningels (g	- 0.			
rise to the ab	ove cause (A) s	loling lhe (C)	rungies (g)	m rey west		• • • • • • • • • • • • • • • • • • • •	
22	11		v V	~			_
OTHER SIGNIFICAN	II NT CONDITIONS CO	NTRIBUTING		Λ			
I TO THE DEATH	BUT NOT RELATI	ED TO THE LOSS	BirTh wieahT	- Prematur	174		
	DITION CAUSING IT.	TION FOR WHICH OPERATION	BirTh wieght	208, IF YES. WERE P	FINDINGS CON	NSIDERED	-
19A. DATE OF OPER	WAS PERFO	RMED	Ves	IN CERTIFYING CAL	USES OF DEAT	H?	
21 A. ACCIDENT W	AS UNDERLYING	218 PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID	(If in Boltimore	City, give exc	oct locotion)	_
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?		, 9		
DEATH (notify medi							
OF INTILIES	nth) (Doy) (Year)		21F. HOW DID IN	URY OCCUR?			
(APPROX.)		While At Work At Wo					
22 1 11	(1) (al.:- 1 - :- 1)			1967 to 19	09/1-	7	_
	Seatory.	attended the deceased fram	. 1. 1 1	7	1	19	
that (I) (we) last	saw the deceased	alive an 3:49 pm	10/01/67 and th	at in(my) (aur) api	nigh death ac	curred an th	В
and have and fram	n the causes state	d abave. (1) (We) (did) (did nat) view the bady after death.				
23A. SIGNATURE	1 .0				23 B. DATE SIG	SNED	
In	cub-13		Attending Med. Director	Stoff Phys.	10/91	1.5	
23C. PHYSICIAN'S	-10.0		23 D. ADDRESS	,	11	0/	_
					/		
NAME (Type)		•					
		м.					
4A. BURIAL CREMATIO		24C. NAME of CEMETERY OF	CREMATORY 24D. L		ty, town, or cou	unty) (S	01
44A. BURIAL CREMATION REMOVAL (Specify		24C. NAME of CEMETERY OF		OCATION (C) Baltimore	_	unty) (S	01
4A. BURIAL CREMATIO	10/12/	24C. NAME of CEMETERY OF	CREMATORY 24D. L	Baltimor e	Md.	unty) (S	lol
24A. BURIAL CREMATIC REMOVAL (Specify Burial	10/12/	24C. NAME of CEMETERY of C 57 Baltimore Nat:	ional cemetery	Baltimor e,	, Md.	ADDRESS	
4A. BURIAL CREMATIS REMOVAL (Specify Burial	10/12/	24C.NAME of CEMETERY of C	ional cemetery	Baltimor e	, Md.	ADDRESS	

Past, ware Mi 10/00/57 11.56 Usharm Selles Hoffman Chart - Sino Hoop Comment Part Comment تعرو للراري Marriagalos Capas may com from Bithwayn frommonly 55 45/16 1984 B Frenk Bernyr 1/2/ -

Transpersor of action to the user of the

5-316

0/_

BIRTH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICATE	OF DEATH Regist	ered No. 0/ 9/34		
M.E. CASE NO.								
1. NAME OF DECEA	SED NELI	STUE	VER		ate and hour pronound tober 10, 1967			
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA Bolton Stre	AL OR INSTITUTION)		4. USUAL RESIDENCE (Where deceosed lived, II institution: residence belore admission and the state of the sta				
5. SEX 6. Female	White		NEVER MARRIED DIVORCED (specify) ed	B. DATE OF BIRTH August 1	9. AGE (In yeors lost birthdoy) 46	Months, Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUST done during most of working life, even if refired) School Teacher 13. FATHER'S NAME William Croxton			Harrisburg	,Vir <mark>gi</mark> nia	12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED I (Yes, no or unknown) (If			16. SO CIAL SECURITY NO. 226-18-2487	Mr. Phi	lip Stuever 16	Address 05 Bolton st.		
CHEN SIGNIFI OTHER SIGNIFI TO THE DE	OR CONDITION DI ADING TO DEATH meon the mode of thenio, etc. II meons cofion which coused ECEDENT CAUSE: CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST. II CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING	dying e.g., the discose, deoth.) NY, GIVING TATING THE	(A) (A) (B) (B) (C) (C)	E OF DEATH	cal injuries	INTERVAL BETWEEN ONSET AND DEATH		
21A. EXTERNAL CUNDERLYING WOUNDERLYING CAUSE 21D TIME (A OF INJURY (APPROX.) 1 22.	WAS PERIOD WAS PERIOD WAS PERIOD WAS PERIOD WAS CONTRIBORD WAS CONTRIBORD WAS PERIOD WAS	218. home, etc.,)) (Hour) 2 ? m. v	Home TE. INJURY OCCURRED WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	Yes in or obout 21C, WHER office bldg, INJURY OC 1605 21F, HOW Appl otapsy A and the CHIEF MEDIC ASSISTANT MEDIC ASSOCIATE MEDI	CAL EXAMINER (CAL EXAMINER (CA	give exact location) my apinion		
REMOVAL (Specify) Burial 24A. DATE REC'D BY	10/13	/67 A	Arlington Nat	ijona1	Arlington, Vi			

211 e , 4 -1 -1 - 1 - 1 z t

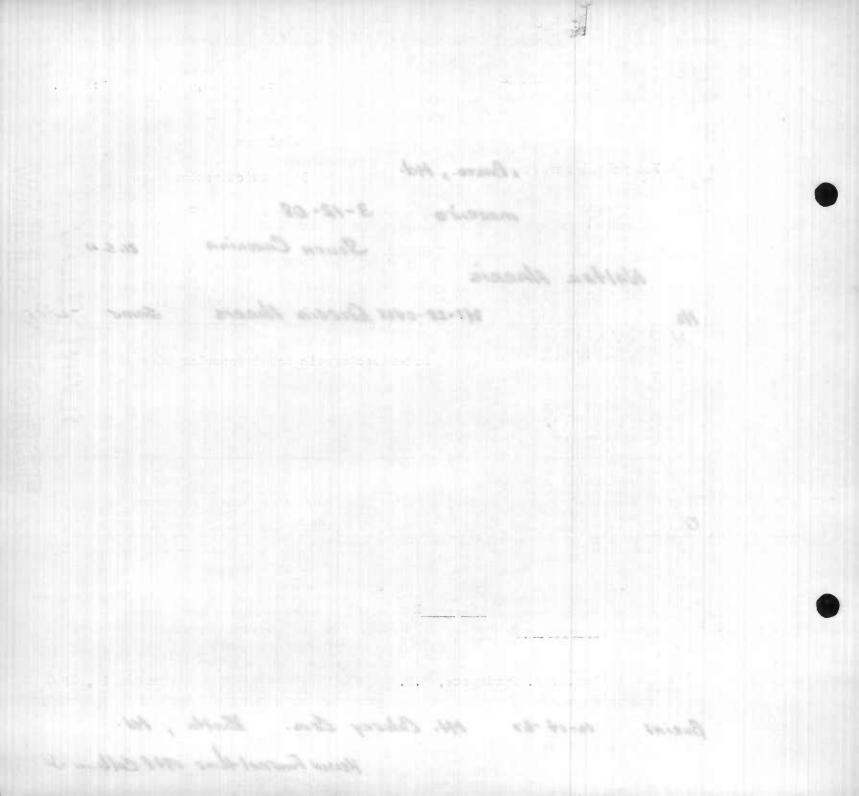
to the second second

a the conduction

il. Social une. outtiene; il.

Swabing Month Canalina 2.6.A. Local good CHRRIS Modes Hary Elliott Same Busial 10-14-67 tel, Roberts Com, Barton Mil.

Kelson Frances Henry 1848 Rathery Est



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/65

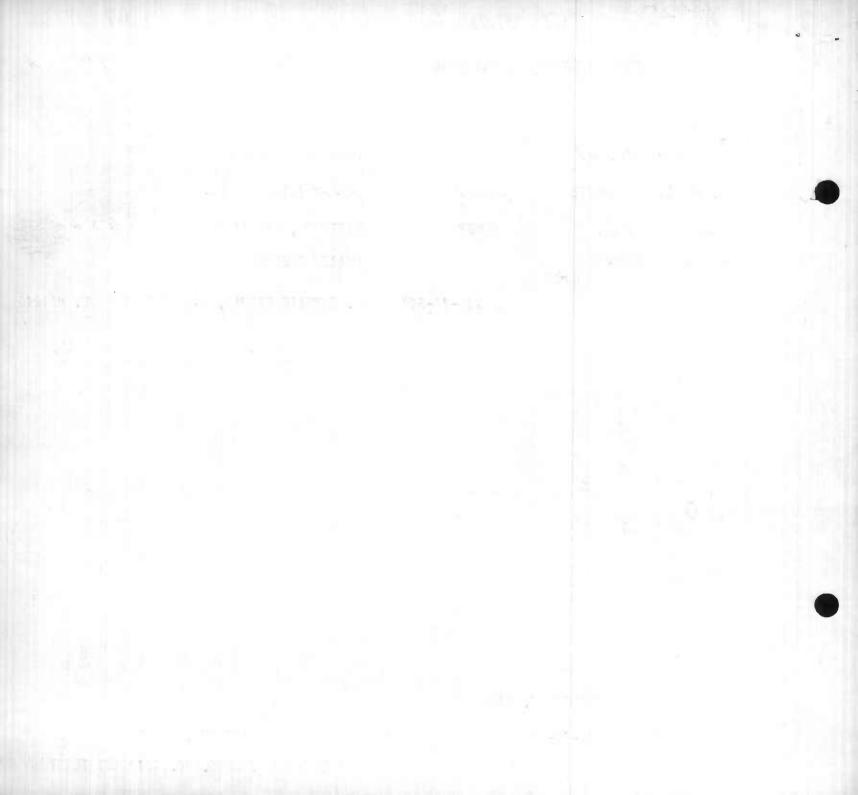
BALTIMORE CITY HEALTH DEPARTMENT

A ALL AND A CONTRACTOR na posti uje i se se This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

<	7-31/2	BALTIMORE CIT	Y HEALTH DEPARTMENT		on once
BIRTH		738 CERTIFICA	TE OF DEATH	Registered No.	67 9738
I.NA	CASE NO. ME OF DECEASED or Print)	Seidel	2. DATE A	ND HOUR OF DEATH	167 930
3. PL.	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: residence before admiss
HC	ILL NAME OF (If not in hospital or institu	ution, give sheet	C. CITY OR TOWN , (If or	utside city limits write	RURAL and give townships
IN:	mt Singe	neusing Home	Ballin	ne	15-1
9	4613 Park H.	eights One	D. STREET ADDRESS (IF	Millor	lere
5. SE)		RRIED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
IOA. L	JSUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if refired)		11. BIRTHPLACE of fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
goile (Houselife a	+ Home	ocuss	la	715A-
13. FA	ATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
(Yes, r	os Deceased Ever in U. S. Armed Forces? no grunknown)(If yes, give war ar dates of sen		Para Se	del-690	F4 Millbrook
11	B.331XI	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		rebrollancul	an Accide	7
(This does not mean the made of dying, heart toilure, asthenia, etc. It means the dis	e.g., DUE 10	no ev ancie	700000	
	njury or complication which coused death.)	Marie			
	ANTECEDENT CAUSES	(B) P	lewsclemis unline aster		anammap a € w n nammap a m n n n n n n n n n n n n n n n n n n
	DISEASES OR CONDITIONS, il ony, g ise to the above couse (A) stoting	giving the	11.1014	· nelo-mi	
	UNDERLYING CONDITION lost.	(c)	unjugar over in		£
1 5 1 :	II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	9A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes of N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0 2	A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimon	e City, give exact facation)
0 2	ID. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID IN	JURY OCCUR?	
> (A PPROX.)	While At Work Work Not Whi At Work			
2	2. I certify that (1) (this hospital) attended	ded the deceased from	De 9	19 63 to C	200, 9th 196
t!	hot (1) (we) last sow the deceased alive	on Our 9 to	19.62 ond t	hat in (my) (our) apl	nion death occurred on the
	and hour and from the couses stated aba	ve. (1) (We) (dld) (did nat)	view the body after death.		
2;	3A. SIGNATURE			e. a —	23B, DATE SIGNED
			ys. Med. Director	Stoff Phys.	10/10/67
2:	3C. PHYSICIAN'S NAME (Type) Called Acomo a	Needle M.D.	23D. ADDRESS 6506- PA	ink High	An Salto h
24A.	REMOVAL (Specify)	4C. NAME OF CEMETERY OF CR	Civile /	Lallem	ity, town or county) (Sta
25A.	DATE BEGIN BY HEALTH DEBY		Tone minima		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	OCT 13 1967 Rept.	E talkwith	Ol June	Nº 1810	one 6010 Rest

4113 Park Hughtelline 2520 Shorter, How-First What Herenan-Henry at them Micaria David Luda - 6744 m. c. 1 . C. Sot friends " then " hore him The

F-DCE	BALTIMORE	CITY HEALTH DEPARTMENT	
	9739 CERTIFI	CATE OF DEATH Registered No.	67 9739
M.E. CASE NO. I. NAME OF DECEASED Type of Print) B. PLACE OF DEATH IN BALTIMORE, MAI	MORRIS PAUL EIS	2. DATE AND HOUR OF DEATH MAN 4. USUAL RESIDENCE (Where decosed lived, If in B. COUNTY	9,45 AM.
FULL NAME OF (If not in hospital or oddress or location	or institution, give street	Marylan of C. CITY OR TOWN (If outside city limits, write Baltimore	RURAL ond give towaship)
SiNA i Haspital		D. STREET ADDRESS (If rurol, give location) 5400 Cramer Rue	
MALE 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specification)	B. DATE OF BIRTH 8/1/8/1915 9. AGE (In yeors lost birthdoy) 52	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Defice tesen Owner	TOB. KIND OF BUSINESS OR INDI	BALTIMORE, MARY LAND	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME LOUIS EISMAN		MOLLIE SHERMAN	
5. Was Deceased Ever in U. S. Armed Fore Yes, no or unknown) (If yes, give wor or dote NO	s of service) 16. SOCIAL SECURITY NO. 216-10-579	17. INFORMANT 0 MRS. ESTELLE EISMAN, 5400 (ADDRESS CRISMER AVE. #21215
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meen the mode of	CAU RECTLY dying, e.g., DUE TI	ntractable gastointesliva (hemorrha)	INTERVAL BETWEEN ONSET AND DEATH
heort loiture, osthenio, etc. It meons injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	deoth.) (B) OUE TO	ranuloeytiz Leukema	
rise to the obove couse (A) UNDERLYING CONDITION lost.	sloling the (C)		
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	ATED TO THE	TAX	
19A. DATE OF OPERATION 19B. CON WAS PERF		20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		eet, office bldg., INJURY OCCUR?	e City, give exoct locotion)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	While At No	D 21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital that (I) (we) lost sow the decease	ed olive on Oct. 10	19 67 ond that in (my) (our) op	nion death occurred on the date
ond hour and from the couses state 23A. SIGNATURE Richard J. Bass	m.D		23B. DATE SIGNED Detaber 10, 1947
23C. PHYSICIAN'S NAME (Type) RICHARD		M.D. Since Hop	
BURIAL CREMATION, 248. DATE BURIAL 10-11-6	24C. NAME OF CEMETERY RUDOMER VERE		RYLAND
25A. DATE REC'D BY HEALTH DEPT.	258, NAME OF REGISTRAR	SOL LEVINSON & BROS. INC.	ADDRESS
VS 150-REV. 1/1/65			



.NA	CASE NO. ME OF DECEASED or Print)		10 CERTIFICA	2. DATE AND HOU	R OF DEATH	7 11 03 A
	HILDA B. ACE OF DEATH IN BALTIMORE, MAR			101	76	11-PM
. PL	ACE OF DEATH IN BALTIMORE, MAR	MLAND		4. USUAL RESIDENCE (Where deceo-	sed lived. II in	stifution: residence before admission)
	LL NAME OF (If not in hospital o	or institution,	give street	MARYLAND		
INS	STITUTION				(imits, write F	RURAL and give township)
SI	NAI HOSPITAL			D. STREET ADDRESS (If rurol, giv	re location)	01 20
	42			6009 PARK HEIGHTS		#21215
. SEX	6. RACE		NEVER MARRIED		(In years	If Under 1 Yr., If Under 24 Hrs.
Fi	EMALE WHITE		RIED (specify)	1-4-1917		Months Doys Hours Min.
	JSUAL OCCUPATION (Give kind of work) during most of working life, even if retired)					12. CITIZEN OF WHAT COUNTRY?
one u	HOUSEWIFE	AT	HOME	BALTIMORE, MARYLAN	n	U.S.A.
3. FA	ATHERS NAME	, , ,		14. MOTHER'S MAIDEN NAME		
1	HYMAN BARR			FANNIE SANDLER		
	os Deceased Ever in U. S. Armed Force		1 6. SOCIAL	17. INFORMANT		ADDRESS
	NO	or adivide)	SECURITY NO.	MR. DAVID KNABLE. 6	ONG DADE	C HEIGHTS AUE #01
18			CAUSE OF		OUT TANK	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	ECTLY		7 m. 1	0	ONSET AND DEATH
1,	LEADING TO DEATH	A. du	(A) TO	ule mocarde	N	days
h	This does not mean the made of nearl failure, asthenia, etc. It means	the disease		Ins Africe	7	
Ir	njury ar camplicalian which caused	death.)		/ // //		1 1
	4.177.077.077.07.114.07		mllc	To marcaner		A das
	ANTECEDENT CAUSES		DUE TO	to marcardy	yal	ddays
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a ise to the above cause (A)		DUE TO	Infarction T	Jal Jisen	i Idays
n	DISEASES OR CONDITIONS, if a		DUE TO	Infarction T	jal)isen	i Idays
NOI	DISEASES OR CONDITIONS, if a ise to the abave cause (A) JNDERLYING CONDITION last. II DITHER SIGNIFICANT CONDITIONS COTO TO THE DEATH BUT NOT RELAT	Slating the	(c) CO	Infarction T	Jal)isen	i Idays
CATION	DISEASES OR CONDITIONS, if a ise to the abave cause (A) INDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTIONS CONTIONS CONTIONS CONTIONS CONTIONS CONTIONS CONTIONS CONTIONS CAUSING (T.	ONTRIBUTING TO TO	(c) CO	20A. AUTOPSY? (Yes of No) 20B, II	F YES, WERE F	Adays Adays FINDINGS CONSIDERED JSES OF DEATH?
AL CERTIFICATION	DISEASES OR CONDITIONS, if a ise to the abave cause (A) INDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATIONS CAUSING (T. P. A. DATE OF OPERATION 198. CONDITIONS CONDITIONS CAUSING (T. P. A. DATE OF OPERATION 198. CONDITIONS CONDITIONS (T. P. A. DATE OF OPERATION 198. CONDITIONS (T. P. A. DATE OF OPERATION 198. CONDITIONS (T. P. A. DATE OF OPERATION 198. CONDITIONS (T. A. DATE	ONTRIBUTION FOR ORMED	G (C) CONTROL OF THE	IN CE	ERTIFYING CAL	City, give exect tocotion)
EDICAL CERTIFICATION	DISEASES OR CONDITIONS, if a ise to the abave cause (A) JNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING (T. P.	ONTRIBUTING TO THE TO T	G (C) CONTROL OF THE	IN CE	(II in Boltimore	JSES OF DEATH?
MEDICAL CERTIFICATION OLD 0 0 12 0 0 12 0 12 0 12 0 12 0 12 0 12	DISEASES OR CONDITIONS, if a size to the abave cause (A) JNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATIONS TO THE DEATH BUT NOT RELATIONS ADDRESSED OR CONDITION CAUSING (T. 9A. DATE OF OPERATION VAS PERFORM CONTRIBUTING CAUSE OF REATH (notify medical examiner)	ONTRIBUTINTED TO TIC. DITTON FOR ORMED (Hour) 211	DUE TO (C) (C) (C) (C) (C) (C) (C) (C)	i or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore	JSES OF DEATH?
MEDICAL CERTIFICATION S O C C C C C C C C C C C C C C C C C C	DISEASES OR CONDITIONS, if a size to the abave cause (A) JNDERLYING CONDITION last. II DITHER SIGNIFICANT CONDITIONS CONTOUR DEATH BUT NOT RELATIONS (T. 4) PALDATE OF OPERATION 19B. CONDITIONS OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CEATH (notify medical examiner) 1.D. TIME (Month) (Doy) (Year) 1.D. TIME (Month) (Doy) (Year) 1.D. TIME (Month) (Doy) (Year)	ONTRIBUTINTED TO TI.: DITION FOR ORMED (Hour) 21 W W	B. PLACE OF INJURY (e.g., in me, fortory, street, of c.) E. INJURY OCCURRED hile At Mork	IN CE I or obout 21C, WHERE DID fice bldg,, INJURY OCCUR? 21F. HOW DID INJURY OC	(II in Boltimore	JSES OF DEATH? City, give exoct tocotion)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION D 0 212 O 0 222	DISEASES OR CONDITIONS, if a size to the abave cause (A) JNDERLYING CONDITION last. II DITHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATIONS (T. PALATE OF OPERATION 198. CONDITION CAUSING (T. PALATE OF OPERATION 198. CONDITIONS (T. PALATE OF OPERATION 199. (Year) FINJURY APPROX.) 2. I certify that (1) (this hospital)	ONTRIBUTINTED TO TI.	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of hile A1 Not White ork At Work	IN CE I or obout 21C, WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OC	(II in Boltimore	City, give exoct tocotion)
WEDICAL CERTIFICATION O COLUMN O C	DISEASES OR CONDITIONS, if a ise to the abave cause (A) JNDERLYING CONDITION last. DITHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATIONS AND ALL OF THE DISEASE OR CONDITION CAUSING (T. P.A. DATE OF OPERATION 198. CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 10. TIME (Month) (Doy) (Year) OF INJURY APPROX.) 2. I certify that (I) (this hospital) that (I) (we) last saw the deceased	DNTRIBUTINTED TO TILE DITTON FOR ORMED 21 hore etc (Hour) 21 W W attended d alive an	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.) E. INJURY OCCURRED hile At Work the deceased fram	21F. HOW DID INJURY OCCUR?	(II in Boltimore	City, give exoct tocotion)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION TO D TO	DISEASES OR CONDITIONS, if a size to the abave cause (A) JNDERLYING CONDITION last. II DITHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATIONS (T. PALATE OF OPERATION 198. CONDITION CAUSING (T. PALATE OF OPERATION 198. CONDITIONS (T. PALATE OF OPERATION 199. (Year) FINJURY APPROX.) 2. I certify that (1) (this hospital)	DNTRIBUTINTED TO TILE DITTON FOR ORMED 21 hore etc (Hour) 21 W W attended d alive an	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.) E. INJURY OCCURRED hile At Work the deceased fram	21F. HOW DID INJURY OCCUR?	(II in Boltimore	Gity, give exact tocohon)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION TO D TO	DISEASES OR CONDITIONS, if a see in the abave cause (A) JNDERLYING CONDITION last. III DITHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATIONS AND CAUSING (T. P.	DNTRIBUTINTED TO TILE DITTON FOR ORMED 21 hore etc (Hour) 21 W W attended d alive an	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of cork E. INJURY OCCURRED hile A1 Not White A1 Work the deceased fram (I) (We) (did) (did nat) v	21F. HOW DID INJURY OC 19 and that in (m	(II in Boltimore	City, give exact tocohion) 1967 nion death accurred an the day
medical Cerrification (A)	DISEASES OR CONDITIONS, if a see in the abave cause (A) JNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATIONS OF CONDITION CAUSING (T. PA. DATE OF OPERATION TO CAUSING (T. PA. DATE OF OPERATION CAUSE OF PEATH (notify medical examiner) 1D. TIME (Month) (Doy) (Year)	DNTRIBUTINTED TO TILE DITTON FOR ORMED 21 hore etc. (Hour) 211 WW.	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of cork) E. INJURY OCCURRED hile A1 Not White A1 Work the deceased fram [0] (I) (We) (did) (did nat) v M.D. Atte Phys	21F. HOW DID INJURY OC 19 and that in (m	(II in Boltimore	City, give exect tocohion) 1967 nion death accurred an the date
WEDICAL CERTIFICATION MEDICAL CERTIFICATION (A 23	DISEASES OR CONDITIONS, if a size to the abave cause (A) JNDERLYING CONDITION last.	DNTRIBUTINTED TO TILE DITTON FOR ORMED 21 hore etc. (Hour) 211 WW.	DUE TO (C) AG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.) E. INJURY OCCURRED hile At	IN CE is or about 21C, WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OC 19	(II in Boltimore	City, give exect tocohion) 1967 nion death accurred an the date
WEDICAL CERTIFICATION MEDICAL CERTIFICATION (NA 723 734 744 745 745 745 745 745 74	DISEASES OR CONDITIONS, if a size to the abave cause (A) JNDERLYING CONDITION last. IID THER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATIONS (T. 1984. DATE OF OPERATION (T. 1984. DATE (T. 1984. DATE (T. 1984. DATE OF OPERATION (T. 1984. DATE (T. 1984. DATE OF OPERATION (T. 1984. DATE OPERATION) 2. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and fram the causes state (T. 1984. DATE OPERATION) BURIAL CREMATION, (248. DATE	ONTRIBUTINTED TO TIC. ORMED (Hour) attended dalive an ed abave. (KOTZ	DUE TO (C) AG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.) E. INJURY OCCURRED hile At	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	ta	City, give exect tocotion) 1967 nion death accurred an the date 1238, DATE SIGNED
WEDICAL CERTIFICATION MEDICAL CERTIFICATION (NA 723 734 744 745 745 745 745 745 74	DISEASES OR CONDITIONS, if a size to the abave cause (A) JNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATIONS (TO THE DEATH CONTRIBUTING CAUSE OF REATH (noify medical examiner) 1.D. TIME (Month) (Doy) (Year)	ONTRIBUTINTED TO TIL. ONTRIBUTINTED 21 About the dead of the animal the dead of the	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.,) E. INJURY OCCURRED hile A1 Not White ork A1 Work the deceased fram (I) (We) (did) (did nat) v M.D. Atte Physical A1 Not Care Physical A1 Not	IN CE I or about 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC 22F. HOW DID INJU	(II in Boltimore CCUR? ta	City, give exect tocotion) 1967 nion death accurred an the date 23B, DATE SIGNED 10 5 67
WEDICAL CERTIFICATION WEDICAL CERTIFICATION (A 4A. E 23	DISEASES OR CONDITIONS, if a size to the abave cause (A) JNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATIONS (TO THE DEATH OF OPERATION (TO WAS PERFORMAN PROCESSION (TO THE DEATH (Notify medical examiner) I.D. TIME (Month) (Day) (Year) I.D. T	ONTRIBUTINTED TO TIL. ONTRIBUTINTED TO TIL. ONTRON FOR ORMED 21 hours etc. (Hour) 211 WW. WW. Attended dive an. ed abave. (KOTZ 24C. N. CHI	DUE TO (C) AG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.) E. INJURY OCCURRED hile A1	IN CE I or about 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC 22F. HOW DID INJU	ta	City, give exect tocolion) 1967 1967 1967 23B. DATE SIGNED 10 5 67



FUNERAL DIRECTOR: IMPORTANT

Type or Print) DENTON. MAR	RY AUGUSTA	2, DATE AND HOUR OF DEATH $10-9-1967$	9:30
PLACE OF DEATH IN BALTIMORE, MARYLAI	ND HOUGH	4. USUAL RESIDENCE (Where deceased lived. If inst	itution: residence before admissi
FULL NAME OF (If not in haspital or ins	titution, grye streef	MARYLAND	
HOSPITAL OR oddress or location) INSTITUTION	,	C. CITY OR TOWN (If outside city limits, write RU	IRAL and give tawnship)
S/STONIVINI COUNT	PE UNCTITU	BALTIMORE 18	12-0
3 GARANKLIN SQUAT	KE HOSPITALI	D. STREET ADDRESS (If rurol, give location)	
SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	3404 ST PAUL ST. B. DATE OF BIRTH 19. AGE (In years	If Under 1 Yr If Under 24
	/IDOWED, DIVORCED (specify)	lost birthdoy)	Months Days Hours Mir
DA. USUAL OCCUPATION (Give kind of work 108.	WIDOWED KIND OF BUSINESS OR INDUSTRI	11 - 8 - 1875 91	12. CITIZEN OF
RETIRED		BALTIMORE MARYLAND	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.S.A.
JAMES HODGES M	4-110-	ANN CONTRACT	
. Was Deceased Ever in U. S. Armed Farces?	16. SOCIAL	ANN FEDDEMAN H	EMSLEY
(es, na ar unknown) (If yes, give war or dotes of		MEDICAL CHART	
No	217-48-141	DE DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL		1 A A	ONSET AND DEATH
LEADING TO DEATH	(A) 51	rulity	
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the		P A 10 1= 10	
injury or complication which caused deal		lectrolyte in balance	
ANTECEDENT CAUSES	(B) DUE TO	cover for any activity	
DISEASES OR CONDITIONS, if any,			
rise to the above couse (A) stati UNDERLYING CONDITION last.	ing the (C)		
UNDERLYING CONDITION lost.			
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED	RIBUTING		
UNDERLYING CONDITION loss. 11 OTHER SIGNIFICANT CONDITIONS CONTIL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 194 DATE OF OPERATION 1958. CONDITION	RIBUTING TO THE	[20 A. AUTOPSY? (Yes or No)] 20 B. IF YES. WERE FIL	NDINGS CONSIDERED
UNDERLYING CONDITION loss. 11 OTHER SIGNIFICANT CONDITIONS CONTIL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 1988. CONDITION	RIBUTING TO THE IN FOR WHICH OPERATION	20 A. AUTOPSY? (You or No) 20 B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 17A. DATE OF OPERATION 198. CONDITION WAS PERFORM	RIBUTING TO THE IN FOR WHICH OPERATION ED		NDINGS CONSIDERED SES OF DEATH? City, give exact locotion)
UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21. ACCIDENT WAS UNDERLYING CONTRIBUTION CAUSE OF	RIBUTING TO THE IN FOR WHICH OPERATION		
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Ho	RIBUTING TO THE IN FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)		
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	RIBUTING TO THE IN FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Nat Whi	in or about 21C. WHERE DID (If in Baltimore liffice bldg., INJURY OCCUR?	
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hoof INJURY (APPROX.)	RIBUTING TO THE IN FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cet.) 21E. INJURY OCCURRED While At Nat Whik Work	in or about 21C. WHERE DID (If in Baltimore liftice bldg., INJURY OCCUR?	City, give exact location)
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hoof INJURY (APPROX.)	RIBUTING TO THE IN FOR WHICH OPERATION IED 218. PLACE OF INJURY (e.g., home, form, factory, street, etc.) 218. INJURY OCCURRED While At At Work ended the deceased fram	in or about 21C, WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	City, give exact locotion)
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hoof Injury (APPROX.) 22. I certify that (1) (this haspital) attempted to the control of the cont	RIBUTING TO THE IN FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, or etc.) 21E. INJURY OCCURRED While At North At Work ended the deceased fram ive an 10 9	in or about 21C, WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 - 25 19 67 to 10 19 67 and that in(my) (aur) apini	City, give exact locotion)
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hoof in Jury (APPROX.) 22. I certify that (1) (this haspital) attributed to the contributed of the contributed o	RIBUTING TO THE IN FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, or etc.) 21E. INJURY OCCURRED While At North At Work ended the deceased fram ive an 10 9	in or about 21C, WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 to 10 19 67 and that in(my) (aur) apiniview the bady after death.	City, give exact location)
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Had of INJURY (APPROX.) 22. I certify that (1) (this haspital) attemption of the course stated and haur and fram the causes stated and haur and fram the causes stated and the course of the course of the causes stated and the course of the causes stated and the causes stated and the causes of the causes stated and the cause of the cause of the causes stated and the cause of the cau	RIBUTING TO THE IN FOR WHICH OPERATION IED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED While At At Work ended the deceased fram ive an	in or about 21C, WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 to 10 19 67 and that in(my) (aur) apiniview the bady after death.	City, give exact location) — 9 19 6.1 an death accurred an the
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year) (Hoof INJURY (APPROX.) 22. I certify that (1) (this haspital) attached that (1) (we) last saw the deceased aligned and haur and from the causes stated 23A. SIGNATURE	RIBUTING TO THE IN FOR WHICH OPERATION IED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED While At At Work ended the deceased fram ive an	in or about 21C, WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 to 10 19 67 and that in(my) (aur) apiniview the bady after death.	City, give exact location) - 9 19 6.1
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hoo of INJURY (APPROX.) 22. I certify that (1) (this haspital) attained that (1) (we) last saw the deceased alient and haur and fram the causes stated and the causes stated and the causes stated and the causes stated and the causes sta	RIBUTING TO THE IN FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Nat White At Work ended the deceased fram live an Down (I) (We) (did) (did nat) M.D. At Ph.	in or about 21C, WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 ta 10 23D. ADDRESS	City, give exact location) — 9 19 6.1 an death accurred an the
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hoof injury (APPROX.) 22. I certify that (1) (this haspital) attached that (1) (we) last saw the deceased ali and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	RIBUTING TO THE IN FOR WHICH OPERATION IED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) Out) 21E. INJURY OCCURRED While At Nat White At Work ended the deceased from ive an O — A byve. (I) (We) (did) (did nat) M.D. At M.D. At	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 to 10 19 67 to 10 view the bady after death. 10 Med. Stoff Phys. 22D. ADDRESS ARANKLIN SQUARE	City, give exact location) - 9 19 6.9 Ian death accurred an the 238, DATE SIGNED 10 - 9 / 196 HOSPITAL
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hoof INJURY (APPROX.) 22. I certify that (1) (this haspital) attached that (1) (we) last saw the deceased ali and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	RIBUTING TO THE IN FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Nat White At Work ended the deceased fram live an Down (I) (We) (did) (did nat) M.D. At Ph.	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 to 10 19 67 to 10 view the bady after death. 10 Med. Stoff Phys. 22D. ADDRESS ARANKLIN SQUARE	City, give exact location) — 9 19 6.1 an death accurred an the
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hotor Injury (APPROX.) 22. I certify that (I) (this haspital) attributed (I) (we) last saw the deceased ali and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE	RIBUTING TO THE IN FOR WHICH OPERATION IED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At At Work ended the deceased fram ive an 10 - 9 Degve. (I) (We) (did) (did nat) M.D. At Ph. 24C. NAME of CEMETERY or CEMOTELAND	in or about 21C, WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 to 10 19 67 to 10 19 67 to 10 19 67 to 10 23D. ADDRESS FRANKLIN SQUARE REMATORY 24D. LOCATION (City, morialPark) 2901 Taylor Avenue of the control of the control of the city of the control of the	an death accurred an the 100 April 196. To -9 196. HOSPITAL, town, or county) (Stote
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noifly medical examiner) 21D. TIMME (Month) (Day) (Year) (Hoof in Jury (APPROX.) 22. I certify that (1) (this haspital) attributed (1) (we) last saw the deceased ali and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 14. BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE	RIBUTING TO THE IN FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, or circ.) 21E. INJURY OCCURRED While At Nat White At Work ended the deceased fram ive an O A At Work At Wo	in or obout 21C, WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 to 10 23D. ADDRESS ARANKLIN SQUARE REMATORY 24D. LOCATION (City, City) 25C. FUNERAL DIRECTOR	City, give exact locotion) - 9 In death accurred on the case of the country of
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noifly medical examiner) 21D. TIMME (Month) (Day) (Year) (Hoof in Jury (APPROX.) 22. I certify that (1) (this haspital) attributed (1) (we) last saw the deceased ali and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 14. BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE	RIBUTING TO THE IN FOR WHICH OPERATION IED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At At Work ended the deceased fram ive an 10 - 9 Degve. (I) (We) (did) (did nat) M.D. At Ph. 24C. NAME of CEMETERY or CEMOTELAND	in or obout 21C, WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 to 10 21F. HOW DID INJURY OCCUR? 19 67 to 10 19 67 to 10 19 67 to 10 21F. HOW DID INJURY OCCUR? 19 67 to 10 19 67 to 10 19 67 to 10 19 67 to 10 21F. HOW DID INJURY OCCUR?	an death accurred an the 238, DATE SIGNED 10 - 9 / 196 HOSPITAL Town, ar county) (State and the second s

7520		HEALTH DEPARTMENT	\/	67 9742
BIRTH NO. 67	3742 CERTIFICA	TE OF DEATH	Registered No.	01. 0146
NAME OF DECEASED			ND HOUR OF DEATH	
Type er Print) A - Tolson - T	D'Amico	10-	10-67	13:30 A.
PLACE OF DEATH IN BALTIMORE, MARTLANE	0 // 11/0	4. USUAL RESIDENCE (Whe	ere deceesed lived, If in	stitutian: residence befere admissi
		A. STATE B. COUN		,
FULL NAME OF (If not in hospitel er institution) HOSPITAL OR eddress or location)	utien, give street	C. CITY OR TOWN (If gu	Minore Co	RURA (end give tewnship)
INSTITUTION		0 11.		1- 2
48		Daltimor	rural, give lecotion)	33-00
MICH	+/	2010	0	
1901. General Hosp	,101	B. DATE OF BIRTH	19 AGE (In yeers	rive
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)		lost birthdoy)	Months Deys Hours Min
19 W	arried	12-18-95	1//	
DA, USUAL OCCUPATION (Give kind of werk 10B. KIII one during most of working tife, even if retired)	1D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
	lothing Company	Italy		united Sta
Managest C	toming Company	14. MOTHER'S MAIDEN NA	ME	107 The
* 1 * D! .		16	C.	
John J. D'Amico	16. SOCIAL	Marie Di	Cicco	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.	,,, III OKMANI		21234
	212-10-6624	John J. D'Am	ico. 6721 Co	ollinsdale Rd.
18. 3 3 1 X	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) Cer	ebral Vascula	· Episode	3 day
(This daes not mean the mede of dying, heart failuse, asthenia, etc. It means the dis	e.g.,			
injury ar camplication which coused deeth.)				
ANTECEDENT CAUSES	(B)	\$		0000000
DISEASES OR CONDITIONS, if eny,				
rise to the above cause (A) steting	lhe (C)			
OTHER SIGNIFICANT CONDITIONS CONTRI	ILITING			
TO THE DEATH BUT NOT RELATED T				
DISEASE OF CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Tes or N	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLTING	21B. PLACE OF INJURY (e.g., in	or ebout 21C. WHERE DID	(If in Boltimor	e City, give exact location)
21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF DEATH (netify medical examinat)	home, form, fectory, street, of	fice bldg., INJURY OCCUR?		
<u> </u>				
21D. TIME (Month) (Dey) (Teer) (Hour		21F. HOW DID IN.	JURT OCCUR?	
(APPROX)	While At Net White At Work			
22. I certify that (I) (this haspital) after	ded the deceased from	10-9	1967 to 1	10-10 196
that (I) (we) last saw the deceased alive	10	. 07		nion death occurred an the
			and the same of th	deoin occorred un the
and hour and from the couses stated abo	ove. (1) (We) (dld) (dld not) v	lew the body ofter death.		loop Dave election
23A. SIGNATURE		andina CO	Stell -	23B. DATE SIGNED
15/0 Set 10/0 12/0	7 773720 M.D. Atte	s. Director	Stoff Phy s.	10-10 67
23C.PHYSICIANS' NAME (Type)		23D. ADDRESS		
FRIDTIGFUR 13	IORNSSON M.D.	MARYLAND	GENERO	74 HOSPITA1
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERT OF CRE			ity, town, or county) (State
REMOVAL (Specify)				
Burial 10/13/67	Woodlawn Cem	etery 213	0 Woodlawn	Drive, Balto.
258. DATE REC'D OF HEALTH DEPT 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
201 TO 1201 (PROD)	E. Starbey MA	Ellsworth An	macost, 46	000 Liberty Heigh
/S 150-REV. 1/1/65	9	, ,		21207

. 1 10, 3

end the se second to the

P-600	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 9743
BIRTH NO. 67	9743 CERTIFICA	ATE OF DEATH	Registered No.	07 0720
M.E. CASE NO.			D HOUR OF DEATH	
(Type or Print) Ada MPER	PV	10-9	7-1967	19:30 A.
PLACE OF DEATH IN BALTIMORE, MARYLAND	N/	4. USUAL RESIDENCE (When	e deceased lived, if in	stitution: residence before odmission
		A. STATE B. COUN	11	
FULL NAME OF (If not in hospital or instit oddress or location)	ution, give street	C. CITY OR TOWN (If out	side city limits write	RURAL and give township)
INSTITUTION		BALTO.	side only mining, while	9-00
1447 MONTP	ELIER ST.		rural, give location)	14-
		1447 Man	TPELIER	ST
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	OWED, DIVORCED (specify)	1-19-1883	lost birthday)	Months Doys Hours Min.
A USUAL OCCUPATION Give kind of work 108, KI	NO OF BUSINESS OR INDUSTR		on country)	12. CITIZEN OF
	11/182		g. coomy	12. CITIZEN OF WHAT COUNTRY?
SECRETARY	4 STORAGE	TENNESSEE		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
HURL Michael		AMERICA 1	NUNNALL	V
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1 - 11 11 11	ADDRESS
es, no drunknown/tit yes, give wor or dotes of se	SECURITY NO.	, , ,		-
No	212-24-786	1 FAMILY		SAME
18.260 X	CAUSE	UF DEATH "		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	A carte	and a sail accorded	3 .	3.5
(This does not mean the mode of dying,	(A) A I'U	eriosclerotic vascular di	cardlo-	15 yrs.
heart failure, osthenia, etc. It meons the di	36036,	vascular di	sease	
injury or complication which caused death.	"Dial	oetes mellitus		15 yrs.
ANTECEDENT CAUSES	DUE TO		**********************	
DISEASES OR CONDITIONS, if ony,	41			
use to the obove couse (A) stating UNDERLYING CONDITION last.	the (C)			
TI TI				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
OTHER SIGNIFICANT CONDITIONS CONTRI- TO THE DEATH BUT NOT RELATED 1 DISEASE OR CONDITION CAUSING IT.	O THE			
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME	D	No	IN CERTIFYING CA	USES OF DEATH?
J 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Wh		ONI OCCON.	
(APPROX.)	Work At Wor	k L		
22. I certify that (I) (this_haspital) atter		/	1957 10 Ucto	ober 9, 19 67
that (1) (we) last saw the deceased aliv	e on October 6,	19 67 and th	at in (my) (oo r) op	inion death accurred on the da
and haur and from the causes stated abo		view the body after death.		
23A. SIGNATURE		Trace Control of the		23B, DATE SIGNED
Tland	M.D. A	ttending Med.	Stoff	10/9/67
23C. PHYSICIAN'S	- Haylon P	23D. ADDRESS	Phys.	
NAME (Type)	1		A	
	Saylor M.D		unt Amenue	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. L	OCATION (C	ity, town, or county) (State)
1) 1 10 19 19	HEREFORD BAPT	est Church Com	Bail	Toursday T. Vad
BURIAL 10-13-6/	AME OF REGISTRAR	25G. FUNERAL DIRECTOR	1 mary	ADDRESS
UCT 13 1967 (P.D., A. 2	Janke MA	(Sto Oto 1 Con	Blin 1 cu	44 RELNIA PI
/C 150 PEV 1/1/45		A MUCON COR	7000	1 V Z-17/18 /Cq



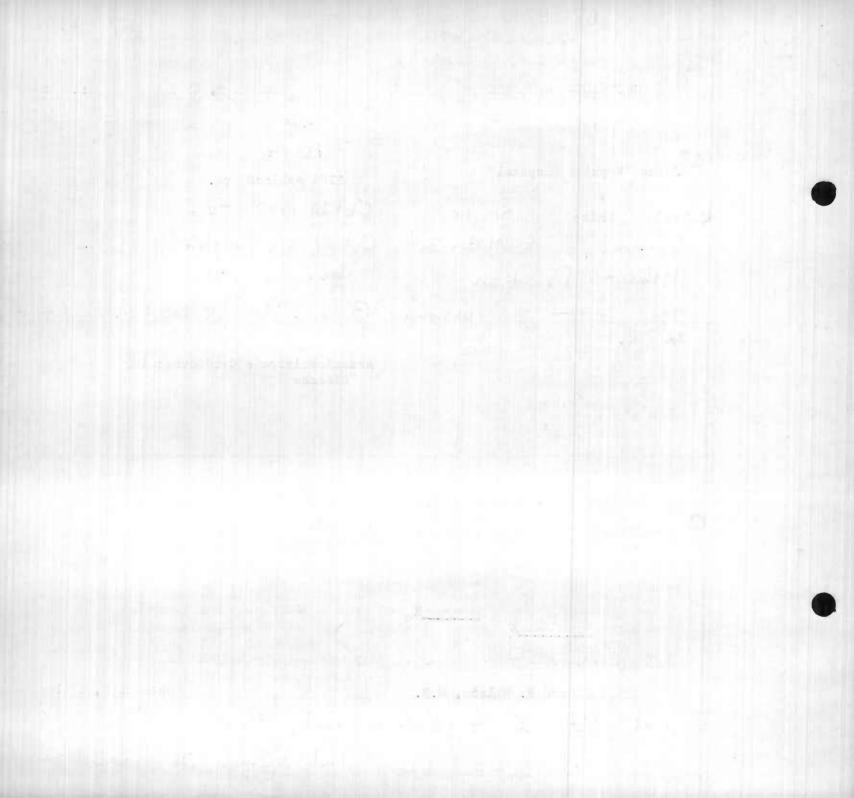
1)	67 9744	BALTIMORE CITY	HEALTH DEPARTMENT		67 9744
BIRTH NO.	01 0144	CERTIFICA	TE OF DEATH	Registered Na.	0, 0,44
NAME OF DECEASED	1 1		2, DATE AN	D HOUR OF DEATH	. 70
Type or Print) Trine	S ALERE	Z, OR.	101	9/67	15 PM
3. PLACE OF DEATH IN BALT	MORE, MARYLAND		4. USUAL RESIDENCE (Whee	deceased lived. If ins	tritution: residence before admiss
FULL NAME OF (If not	in hospital or institution, give	street	Marylar	d. Ba	Stimore C.
INSTITUTION	s or location)	11	C. CITY OR TOWN (If ou	side city limits, write R	URAL and give township)
22 Johns	Hopkins	HESPITAL	D. STREET ADDRESS (III	rurol, give location)	03-00
35	100/11	100-7	D. SIKEEI APOKESS	Toron, gave rocorron	
5. SEX 6. RACE	7. MARRIED, NI	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , It Under 24
MALE NE	GRO WIDOWED	DIVORCED (specify)	3/4/12	lost birthdoy)	Months Doys Hours Mir
	kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, ev	Pagua	4E JAMELY	MIN		U.S. A
13. FATHER'S NAME	V Ka U K	7 4 4 4 4 4	14. MOTHER'S MAIDEN NA	ME	
GEORGE E. L	EE		CLARA BAILE	Y	
15. Was Deceased Ever in U. S (Yes, no or unknown) (If yes, give	Armed Forces?	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1/1/12	wor or doles or service?	11 21 7003	Blanch	Lee	
18. / (3 X I		CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CON		0		0 . 0	ONSET AND DEATH
(This does not meon the		(A) CIY	remoma c	st Lett	3 year
heort foilure, osthenio, et	c. It meons the diseose,	001 10		Lung	
injury or complication wh		(B) ME	cemoma c etastatie	Carcine	no 3 vea-
DISEASES OR CONDIT		DUETO			
rise to the obove of	cause (A) sloting the	(C)			
					7
O OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING				
DISEASE OR CONDITION					
19A. DATE OF OPERATION	198. CONDITION FOR WH	ICH OPERATION	YES	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
U 21A. ACCIDENT WAS UN	DERLYING 21B. PL	ACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CA	USE OF home,	form, foctory, street, of	fice bldg., INJURY OCCUR?		
O 21D. TIME (Month) (E	Day) (Year) (Hour) 21E. IN	IJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While Work	At Not While			
22. I certify that (1) (th	is haspital) attended the		9/19/67	19 67 to 101	19 19
that (1) (we) last saw th		10/9	1 1-		nian death accurred an the
		Wey (did) (did nat) v	iew the bady after death.	0, 1,5,7	
23A. SIGNATURE)			and and and and and		23 B. DATE SIGNED
10000	To	M.D. Atte	nding Med. Director	Stott Phys.	10/9/20
23C. PHYSICIAN'S NAME (Type)	marin y		23D. ADDRESS	/	1/1/10/
Albort 1	3. EMSTA	M Tym.D.	Johns Hon	Kins 0	Hospita/
24A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 24C. NAM	HE OF CHMETERY OF CRE	1	OCATION (Cit	y, town of county) (Sto
Bural	0/13/67	augh's	Co	Keepvill	rud.
25A. DATE REC'D BY HEALTH	DEPT. 258. NAME OF	REGISTRAI	25C. FUNERAL DIRECTO		ADDRESS
OCT 13	1967 A. P. A. B	FalleyMA	Um. l. aratu	un -170	1 M= Cullal
'S 150-REV. 1/1/65					1/1 - 1/2

age at 1 year to Shape

Scotte Morene in majoring Consumer botters of DI ABETES - 175 EL 1705 and more than and the WERTHER PART SECT GARAGER A.

67 9746 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9746

A.E. CASE NO.							
. NAME OF DE Type or Print)	CEASED				2. DATE AND HOUR PRON	OUNCED DEAD	
	CATHERINE DY				October 9, 19		1:10 am.
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where deceased lived.	If institution: residence.	be before odmission)
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		vland N (If outside corporate limit		nive township)
Johns	s Hopkins Hos	enital		D. STREET ADDI	timore (ESS (II rurel, give location)		-00
					Ashland Ave.		
. SEX	6. RACE	WIDOWED, D	NEVER MARRIED DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In lost birthdo)	years If Under 1 Months Day	Yr. II Under 24 Hrs.
M Female	White	JOB KIND OF	SITE OF INDUST	TY I BIRTHPI ACE	State or foreign country)	12. CITIZEN	OF
one during most of	working life, even if retired)	(C 1)	0 . ^	A 1 10	1000 1		OUNTRY?
	RVIGOR	Smith	130 x Co.	CCT.dd,	1849 Marylan	01.	SH-
3. FATHER'S WAY	pent Du	RACEL	(Mar Mar	y Leopold		
5. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	in the year, give wor or dole	s of service	1.0	Barlow	· Dinner W	2201 E.Ash	In I Am
18.	-		Uhkwwh	E OF DEATH	if Voracek i		TERVAL BETWEEN
142	211		CAUS	L OI DEAIII			SET AND DEATH
DISEA	ASE OR CONDITION DI LEADING TO DEATH	RECTLY					
(This does heart loilure injury or co	not mean the mode of e, osthenio, etc. It means amplication which coused	dying, e.g., the disease,	DUE TO	Arterioso	clerotic Cardio se	vascular	00000000000000000000000000000000000000
	ANTECEDENT CAUSE		(B)				
	OR CONDITIONS, IF A		DUE TO				
_	NG CONDITION LAST.		(6)				
<u> </u>			(C)	*****			
OTHER SIC	II SNIFICANT CONDITIONS DEATH BUT NOT RE						
	OR CONDITION CAUSING			1-0.4 111-0.4			
DALE O	F OPERATION 198, CON WAS PER	FORMED				CAUSES OF DEATH	H?
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21B. I home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21C. W	HERE DID (If in Boltimore OCCUR?	City, give exoct locoti	on)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	w	HILE AT NOT	WHILE WORK	OW DID INJURY OCCUR?		
22.		m. W	ORK AT	WORK			
	rtify that I held on I	nquiry	Inspection X A	utopsy one	I that on this bosis, deat	h in my opinian	
resu	Ited from: Natural co	uses X A	ccident Suici	de Homici	de Undetermined	monner	
4-1	DI	1 1	: \	CHIEF MI	EDICAL EXAMINER		
SIGNAT	L 15/12/00	540	Vilso M.		EDICAL EXAMINER X		DATE SIGNED
EXAMII NAME (F. Wile	són, M.D.	ASSOCIATE M	EDICAL EXAMINER	October 9	, 1967
3A. BURIAL CRI	EMATION, 23B. DATE	230	NAME OF CEMETERY	or CREMATORY	23D. LOCATION	(City, town, or coun	
SURI 9	il Oct. 12,	1967 t	tely Reclee		y Baltune	mo, Mai	yland.
4A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. EUNER	AL/DIRECTOR	ADD	RISS
n	CT 13 1967 A	0 65	7. Fr. a. us	Ihele	of Echach 12	11 Chagae	is rowe.
/S 151-REV. 1/1.	/65	をしている。		1 B	0		-



1. NAME OF DECEASED MURPHY, JAMES	1	2. DATE AND HOUR	OF DEATH	1:03P
		OCTOBER S		
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	give street A. STAT	RYLAND	limits, write RURAL	et. Cs
40 ST. AGNES HOS	PITAL D. STRE	TIMORE ET ADDRESS (If rurol, give) HARLEM LANE	CATON R	HOME 2122 IDGE NURSI
S. SEX MALE WHITE 7. MARRIED WIPDU	D DIVORCED (sessibil)	07/98 9. AGE (I	n years If Un Manth	der 1 Yr. If Under 24 s Doys Hours M
10A. USUAL OCCUPATION (Give kind of work 108, KIND Odone during most of working life, even if retired) RETIRED Painter US Go	MARY	PLACE (State or foreign country	W	ITIZEN OF CHAT COUNTRY?
JAMES MURPHY	14. MOI	REARET TYLER	MURPHY	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Itt yes, give war or dates of service)	16. SOCIAL SECURITY NO. 217-34-4026 ST	AGNES HOSP	ITAL RECO	ADDRESS RDS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	3 2 X	NARY EDEM	A	INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dying, e.g. heart foilure, osthenia, etc. II means the diseose injury or complication which caused deoth.) ANTECEDENT CAUSES	ARTERICA DE LA CONTRACTOR DE LA CONTRACT	SCLEROTIC HE	ART DISSA	5 8 9 - 67
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.		i stoph in	fation	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. CONDITION FOR	3 JE FRAZTURE			
6-27-1967. WAS PERFORMED	B. PLACE OF INJURY (e.g., in or obout me, form, foctory, street, office bldg.,	NO IN CER	YES, WERE FINDING THEYING CAUSES OF	F DEATH?
DEATH (notify medical examiner)	Mussey Rance	Coton Ridge No 21F. HOW DID INJURY OCC	ersing Han	329 Har
W OF INTIDY	E. INJURY OF CURRED		1	
IAPPROXI LUNKNOWN W	E INJURY OF CURRED hile At Not While At Work	Fell.	. OCTOBE	R 9 1067
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on	the deceased from JUNE 6 OCTOBER 9	6 1967 67 and that in (my	ta OCTOBE	R 9 1967 eath occurred an the
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on and have and from the causes stated above. 23A. SIGNATURE CALL H. Markholm	the deceased fram JUNES OCTOBER 9 (I) (We) (did) (dld nat) view the	6 1967. 67 and that in (my bady after death. Med. Staff Phys. X) (aur) apinian de	ATE SIGNED
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME I Type CARL H. MATTHEY	the deceased from JUNE 19 OCTOBER 9 19 (I) (We) (did) (dld nat) view the Phys. Attending Phys. Attending Phys. 23D. ADD M.D. ST.	6 1967 67 and that in (my bady after death. Med. Staff Phys. X RESS AGNES HOSP; CA) (aur) apinian de	eath occurred an the
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAM'S NAME I Type CARL H. MATTHEY	the deceased fram JUNES OCTOBER 9 (I) (We) (did) (dld nat) view the	6 1967 67 and that in (my bady after death. Med. Staff Phys. X) (aur) apinian de 1238. D 0 / BALTO	ATE SIGNED /9/67 ,MD. 21229

EQ: A CANAGE A CONTRACT A: DEPARTMENT A: DE

Mark Target

MICE TO BE ON THE SAME AND STATE OF THE STAT

BITWEEN LATER OF MEASURE A SHIPPING

TY. Asines Moen; carroll a Hart Calle A Sa



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 9749

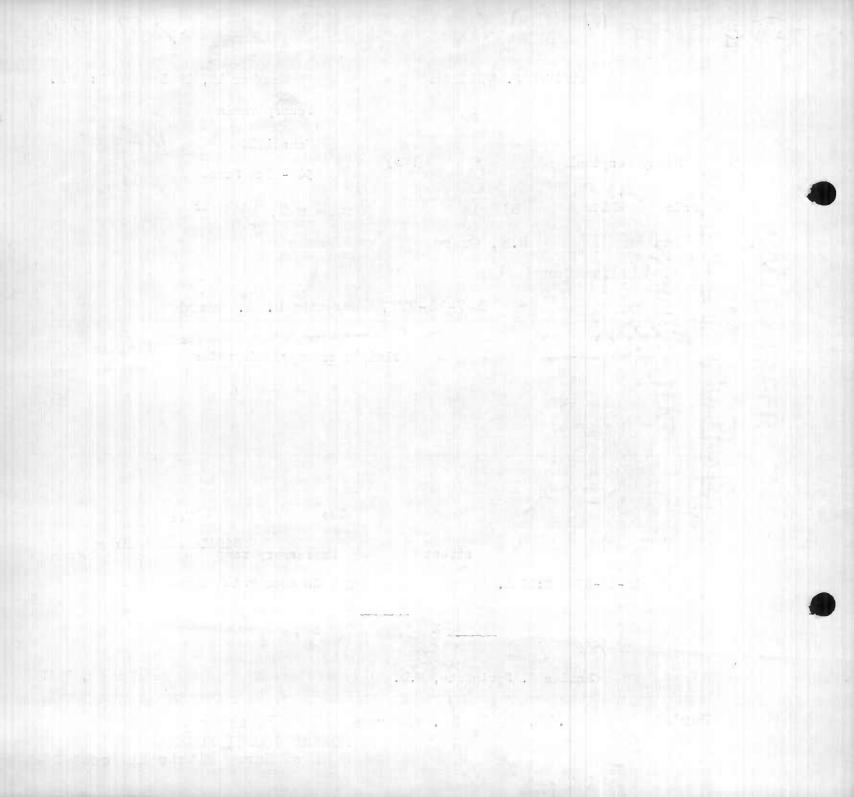
M.E. CASE NO								
1. NAME OF I		ERESA	SCHULTZ			er 10, 1967	DEAD	4:05 A.
	ALTIMORE, MARYLAND, V			A STATE -	ENCE (Where	deceased lived. If institu	tion: reside	M.
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV		Baccorporote limits, write lim	altimo	give township)
99 B	altimore City	Hospita	1 (DOA)	D. STREET ADDE	RESS (If rurol,			3-00
5. SEX /	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	Н	9. AGE (In years, lost birthday)	If Under 1	Yr. If Under 24 Hrs.
Female			ied (specify)	Jan. 12,		68	I VIOITIIS D	oys Hours will.
	CCUPATION (Give kind of working life, even if retired)	k TOB. KIND OI	F BUSINESS OR INDUSTRY	Maryla:		country)		COUNTRY?
13. FATHER'S N	T. O'Leary			14. MOTHER'S M.	ha Taylo			
15. WAS DECEA	ASED EVER IN U.S. ARMEI	o FORCES? es of service)	16. SOCIAL SECURITY NO. 216-05-0747	Stanley		, 423 Westhan		Md. 21224 Dundalk,
DISEASE RISE TO UNDERL	ES NOT MEON TO DEATI SO NOT MEON THE MODE COMPILED TO THE MODE ANTECEPENT CAUSE SOR CONDITIONS, IF THE ABOVE CAUSE (A) S YING CONDITION LAST.	f dying, e.g., s the disease, death.) ES ANY, GIVING STATING THE	(B) DUE TO (C)	erloscier	otic ne	art disease		
DISEASE	E DEATH BUT NOT RI OR CONDITION CAUSIN OF OPERATION 19B. COI WAS PE	G IT. NOTION FOR TREPORMED	WHICH OPERATION	No		20B. IF YES, WERE FINI IN CERTIFYING CAUSE	S OF DEA	TH?
O UNDERLYIN	GOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yea	home etc.)	PLACE OF INJURY (e.g., form, foctory, street, of the Injury OCCURRED WHILE AT NOT	21F. HC	OCCUR?		98001 1001	511017
ACTU SIGNA EXAM	ATURE Charles (INER'S Charles (Type) REMATION, 23B, DATE (city)	S. Spri	Accident Suicid	apsy and	de UEDICAL EXEDICAL EXEDICAL EX	AMINER OC AMINER OC OCATION (City, 1	tober	DATE SIGNED 10, 1967 unty) (State) d. 21224
24A. DATE REC	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		. Duda,	7922 Wise A		undalk, Md.
VS 151-REV 1	17,65 1 1901 (1)	Jyn 17 C	7 7 8 0	0.9				

vite-ii-vili-li ilianing betaan jag tag taga-ity inmittak Station B. Harton and D. M. B. Commission of the Colleges, L. Serie Light d. Beds., 1922 Whee Lyon Dandelle, J.

67 9750

		67 9750 BALTIMORE CITY HEALTH I	
-	BIRTH NO.	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH Registered N
	M.E. CASE NO :		

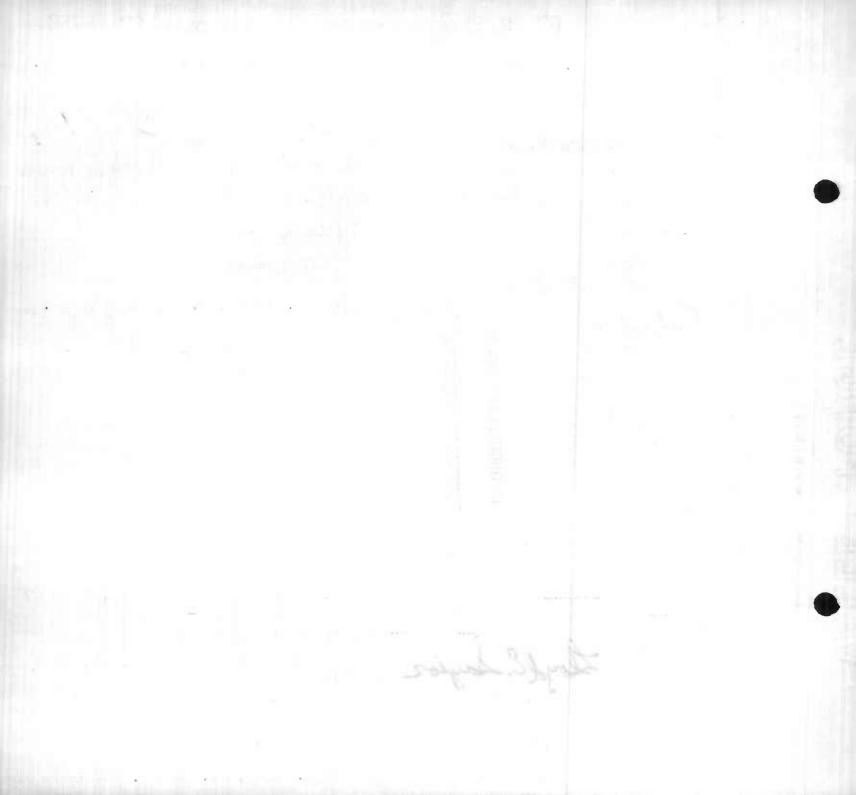
	*				<u> </u>
1. NAME OF DE (Type or Print)		EN J. CUNNINGHAM		ober 10, 1967	
FULL NAME OF HOSPITAL OR INSTITUTION		HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET (TION) (DOA)	C. CITY OR TOWN (If out Mansfi D. STREET ADDRESS (If ru	1vania B. COU Bide corporote limits, write e1d	itution: residence befare admission) NTY RURAL ond give township)
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Single	B. DATE OF BIRTH	1943 23	II Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
	working life, even if retired)	U.S, Guard	11. BIRTHPLACE (Stote or for Penna 14. MOTHER'S MAIDEN NA	reign country)	12. CITIZEN OF WHAT COUNTRY?
John V	Villiam Cun	FORCES? 16, SO CIAL	Records U.		ADDRESS
(This daes heart foilure injury or co	ISE OR CONDITION DI LEADING TO DEATH not meon the mode of the object of the constant constant of the constant anticolor which caused ANTECEDENT CAUSE OR CONDITIONS, IF A SEABOVE CAUSE (A) ST NG CONDITION LAST. II ENIFICANT CONDITIONS	dying e.g., the discose, deoth.) S NY, GIVING DUE TO (B) DUE TO (B) DUE TO (CONTRIBUTING	iple traumatic	injuries	
는 DISEASE C	DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 19B, CON WAS PER	DITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or N	Io) 20B. IF YES, WERE FII IN CERTIFYING CAU: Yes	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING CALL	CAUSE WAS OR CONTRIB- JSE OF DEATH. (Month) (Doy) (Yeo		Expresswa	Biddle and y ramp	ve exoct location) Fallsway
ACTUA SIGNAT	tify that I held on I led from: Natural co	Inspection Autorises Accident X Suicide	opsy X ond that on	EXAMINER EXAMINER X	ny opinion



married and Indiana ? Warren Tarrell CHARLES HOW AND MASKETH D 4029 Someonwar line Marrie 6-26-08 64 Assessable Washing ton America Drust Narrue Phologicay Townerst around Errandyd Meter for. for 4 octy

N.E. CASE NO.	CEASED			2, DAT	E AND HOUR OF DEATH	1							
Type or Print)	ffer. Mrs.	Mahel		(ctober 10. 1	1967 2:05 P.M.							
Schaeffer, Mrs. Mabel 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, givo stroot oddress or location) Keswick Home 6. RACE 7. MARRIED, NEVER MARRIED				October 10, 1967 2:05 P.M. A. STATE B. COUNTY Baltimore, Maryland C. CITY OR TOWN (If outside city limits, write RUS) and give toward. D. STREET ADDRESS (If rurel, give locotion)									
							700 W. 4	Oth Street,	Baltimore				
							8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hr						
							Female	White WIDOWED, DIVORCED (specily) Married			3/11/96	71	Months Doys Hours Min.
							0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired) (Housewife) Never worked				11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
				Baltimore, Md.		U.S.A.							
				3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
John W	illiam Wiega	and		Winn Cath	and no								
. Was Deceases	d Ever in U. S. Armed I	orces?	1 6. SOCIAL	Winn, Cath	erine	ADDRESS							
es, no or unknow	n) (II yes, give wor or de	otos of service	SECURITY NO.	Milling 3700 Do	ton Schaeffer								
18.	2.01		CAUSE O	DEATH	Man I I I	INTERVAL BETWEEN							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)				1.1	- C1.	ONSET AND DEATH							
				of econdial	Topocogen	4 hrs.							
	nal mean the made , asthenia, etc. II mea		DUE TO		·······	n na 6 Sn ann 6 Sn ann 6 Sn ann a n 18 g n g a 🖣 6 g S Abha g glàth n 16 g n g a 5 S n n g g S n g							
	mplication which caus		1 de de	l. E. (11. 1								
	ANTECEDENT CAUS	ES	DUE TO	NOSCIENDATE /	orchroscalor &	were 2 412							
DISEASES OR CONDITIONS, if any, giving						22							
	ne above couse (A	A) stating It	e (C) 1/K	Erros Lecal	Dr Ime les	29415							
UNDERLYIN	G CONDITION last.				Li .								
OTHER SIGN TO THE C	IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO											
-	F OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?							
21A. ACCIDE	ENT WAS UNDERLYING	2	IB. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE D	ID (If in Bottimo	oro City, givo exact location)							
DEATH (notif	UTING CAUSE OF y modical examinar	h	omo, lorm, foctory, street, or	fice bldg., INJURY OCCU	Ř?	,, ,							
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED				21F. HOW DIE	INJURY OCCUR?								
While At N				While									
20 1	4 . (1) (-1) - 1			a Miles	10 /2	100 -							
	y that (I) (this hospit			0,77	19 6 5 to	10 00 19 6 1							
) lost saw the decea					pinion death occurred on the de							
		tated above	(I) (We) (did) (did not) v	iew the body after de	ath.								
23 A. SIGNAT	URE	1.1			/	23B. DATE SIGNED							
1 du	her D.	Kulini	M.D. Atte	nding Med. Director	Stolf Phys.	10 Oct 1967							
23C. PHYSICIA	ANS	of cont		23D. ADDRESS 700	W. 40th Stre	eet							
		ardson	Med. Dir. M.D.		ome, Baltimor								
4A. BURIAL CRI	EMATION, 24B, DATE		NAME OF CEMETERY OF CRI			City, town, or county! (Stotel							
REMOVAL	(Specily)		Druid Ridge Cer	The second secon	Baltimore								
Buri													
SA. DATE REC'E	dct 13 1967		of Registrar	25C. FUNERAL DIRE	F. D 4101	Edmondson Av.							



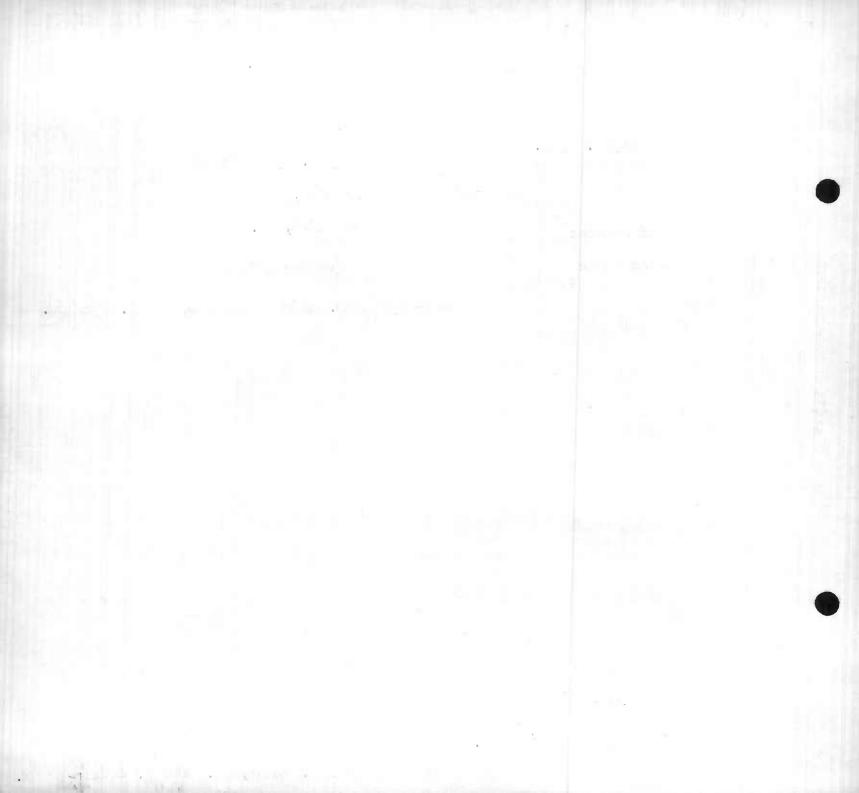


BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

ADDRESS

ONSET AND DEATH



	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. S	
	red in a	uting cal	ed cause;	ar attend	prior to	de.
	1th occur	r contrib	determin	in regule	eceased	ion is ma
Z	int if dec	direct or	d; (4) Unc	th was	b ett no	dispositi
PORTA	is assista	, if the	any kine	ced dea	ndance	or final
FUNERAL DIRECTOR: IMPORTANT	iner or h	ner. Also	acture of	pronoun	ular atte	mbalmed
IRECTO	al exam	l exami	; (3) A fr	ian who	s in regu	ins are ef
ERAL D	ief medic	medica	dy burns	e physici	ician wa	he rema
FUN	y the chi	ital by c	e; (2) Bo	there th	No physi	before
	proved b	the hosp	ny natur	except w	(9) pub	obtained
	ust be ap	sased to	dent of a) latiqsoi	death);	must be
	ficate mu	was rele	An acci	A. at a h	prior to	DDLOVOI
	This certi	the body	T) :swoys	was D.O.	deceased	written approval must be obtained before the remains are embalmed or final disposition is made.

		0 0	750 CERTIFICA		ATH Registered No	
	ASE NO.		750 CERTIFICA	VIE OI DE	2. DATE AND HOUR OF DEAT	<i>y</i>
Type or	r Print) ELV	IA L.	BERRY		10/12/67	() A
3. PLAC	CE OF DEATH IN BALTIMOR	RE, MARYLAND			DENCE (Where deceased lived. If	institution: residence before admis
				A. STATE	B. COUNTY	march
HOSP	PITAL OR oddress or	ospitol or institut locotion)	ron, grve street	C. CITY OR TO	VN (If outside city limits, write	e RURAL and give township)
INSTI	ITUTION	10	1	BAZ		1207 42-1
N	1d, GENER	外	-spital	D. STREET ADD	,	
4	8			320	3 87. LUK	ES LANG
5. SEX	T 6. RACE	7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRT	30/89 9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
103 1151	IIAL OCCUPATION (Give kind	d of work 10B KINI	D OF BUSINESS OR INDUSTRY	11 RIPTHEI ACE	(State or foreign country)	12, CITIZEN OF
	ring most of working life, even if r		D OF BOSINESS OR INDOSER			WHAT COUNTRY?
Si	ecretary	5+	Late	-	BLESBURG	U.S.A.
3. FATI	HER'S NAME	a ?		14. MOTHER'S A		
	HAVER	4166		-	MYERS	
	Deceased Ever in U. S. Am orunknown) (If yes, give wor		1 6. SOCIAL	17. INFORMANT		ADDRESS
. 0 3, 110	or change with the same wor	Or notes of selvi	215-05-1178	PAVO	HIFR , MAR	GARET DERTH
18.	20011	P3 P . W		S Z C 3	of dures	INTERVAL BETWEEN
	DISEASE OR CONDITION	ON DIRECTLY	X		10	ONSET AND DEATH
	LEADING TO D		(A)	(Quel	al through	for a
	nis does not mean the ma orl failure, asthenia, etc. It		e.g., DUE TO		***************************************	
	ury or complication which		,	Anto	0.	
	ANTECEDENT CA	AUSES	(B)	TIMUS	, deros.	
	SEASES OR CONDITIONS		ving			
	e la lhe obave couse NDERLYING CONDITION to		the (C)			
	II				0-1	
7						
E TO	THER SIGNIFICANT CONDITION THE DEATH BUT NOT	T RELATED TO	THE DO	rbets	mellitres	
DIS TO	THER SIGNIFICANT CONDITION THE DEATH BUT NOT ISEASE OR CONDITION CAU	T RELATED TO	THE DO	3	Y? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION 12 10 1	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU	T RELATED TO J SING IT. B. CONDITION F AS PERFORMED	21B PLACE OF INJURY (e.g.,	20A. AUTOPS	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFICATION 100 L	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED YING OF	OR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
ICAL CERTIFICATION TO STORY TO	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU ADDATE OF OPERATION 191 W.A. ACCIDENT WAS UNDERL' CONTRIBUTING CAUSE CATH (notify medical examinet)	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED YING OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or about 21 C. W.	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
AEDICAL CERTIFICATION 10 OL STOR OF THE CATION OF THE CATI	THER SIGNIFICANT CONDITION OF THE DEATH BUT NOT SEED OR CONDITION CAU A. DATE OF OPERATION 199 W. A. ACCIDENT WAS UNDERL' CONTRIBUTING CAUSE CATH (notify medical examines) D. TIME (Month) (Day)	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED YING OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, cet) 21E. INJURY OCCURRED	20A. AUTOPS' in or obout 21C, Wi office bldg., INJURY	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
AEDICAL CERTIFICATION 10 10 10 10 10 10 10 10 10 10 10 10 10	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEE OR CONDITION CAU A. DATE OF OPERATION 199 A. ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE CATH (notify medical examined) TIME (Month) (Doy)	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED YING OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20A. AUTOPS: in or obout 21C. W. ffice bldg., INJURY	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICATION OL SIGN	THER SIGNIFICANT CONDITION OF THE DEATH BUT NOT SEED OR CONDITION CAU A. DATE OF OPERATION 199 W. A. ACCIDENT WAS UNDERL' CONTRIBUTING CAUSE CATH (notify medical examines) D. TIME (Month) (Day)	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED YING OF (Yeor) (Hour)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White Mark North Work	20A. AUTOPS: in or obout 21C. W. ffice bldg., INJURY	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
WEDICAL CERTIFICATION OF (VAL)	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU ADDRESS OR CONDITION CAU ADDRESS OF CONTRIBUTING CAUSE CATH (notify medical examines) TIME (Month) (Doy) PPROX.)	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED OFF (Year) (Hour)	218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White Work At Work	20A. AUTOPS' in or obout 21C, Wildering bidg., INJURY	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING CHERE DID OCCUR? OW DID INJURY OCCUR?	AUSES OF DEATH?
WEDICAL CERTIFICATION OF OUR CALL CATCON OF CAP	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU A. DATE OF OPERATION 199 A. ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE CATH (notify medical examines) TIME (Month) (Doy)	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED OF (Year) (Hour) Ospital) attend eceased alive	218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White Work At Work	20A. AUTOPS: in or obout 21C. Winfine bldg., INJURY	Y? (Yes or No.) 208. IF YES, WER IN CERTIFYING CONTROLL (If in Baltim OCCUR? DW DID INJURY OCCUR?	ore City, give exact locotion)
WEDICAL CERTIFICATION OF CALL CATCON OF CALL CATCON OF CALL CALL CATCON OF CALL CATCON OF CALL CATCON OF CALL CATCON OF CALL CALL CATCON OF CALL CALL CALL CALL CALL CALL CALL CAL	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU A. DATE OF OPERATION 199 A. ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE CATH (notify medical examines) TIME (Month) (Doy)	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED OF (Year) (Hour) Ospital) attend eceased alive	21E. INJURY OCCURRED While At North Work ed the deceased fram	20A. AUTOPS: in or obout 21C. Winfine bldg., INJURY	Y? (Yes or No.) 208. IF YES, WER IN CERTIFYING CONTROLL (If in Baltim OCCUR? DW DID INJURY OCCUR?	ore City, give exact locotion)
WEDICAL CERTIFICATION OF CALL CATCON OF CALL CATCON OF CALL CALL CATCON OF CALL CATCON OF CALL CATCON OF CALL CATCON OF CALL CALL CATCON OF CALL CALL CALL CALL CALL CALL CALL CAL	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU A. ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE CATH (notify medical examined that (I) (this had at (I) (we) last saw the ded haur and fram the cause of the cause	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED OF (Year) (Hour) Ospital) attend eceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work ed the deceased fram on 12 Ve. (1) (We) (did) (did nat)	20A. AUTOPS: in or about 21C, Wilder bidg., INJURY 21F. Ho	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING CHERE DID (If in Baltim OCCUR? DW DID INJURY OCCUR? 19 ta	ore City, give exact locotion) 19 binian death accurred an the
WEDICAL CERTIFICATION OF CONTROL	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU A. ACCIDENT WAS UNDERL' CONTRIBUTING CAUSE (ATH (notify medical examine) TIME (Month) (Doy) TIME (Month) (Doy) TIME (I) (we) last saw the deat (I) (we) last saw the deat (I) (we) last saw the deat (I) (significant form)	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED OF (Year) (Hour) Ospital) attend eceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While A1 Not White A1 Work ed the deceased fram on 12 (e. (1) (We) (did) (did nat)	20A. AUTOPS: in or about 21C, Wilder bidg., INJURY 21F. Ho	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING CHERE DID OCCUR? OW DID INJURY OCCUR? 19 ta	ore City, give exact locotion) 19 binian death accurred an the
WEDICAL CERTIFICATION OF CONTROL	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU A. ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE CATH (notify medical examined that (I) (this had at (I) (we) last saw the ded haur and fram the cause of the cause	T RELATED TO JSING IT. B. CONDITION F AS PERFORMED OF (Year) (Hour) Ospital) attend eceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work ed the deceased fram on 12 Ve. (1) (We) (did) (did nat)	20A. AUTOPS: in or obout 21C, Wisffice bldg., INJURY 21F. HC	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING CHERE DID (If in Baltim OCCUR? DW DID INJURY OCCUR? 19 ta	ore City, give exact locotion) 19 binian death accurred an the
WEDICAL CRATECOATS TO DIS TO A TO DIS TO A	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU A. DATE OF OPERATION 199 A. ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE (ATH (notify medical examined) D. TIME (Month) (Doy) TIME (Month) (Doy) TO TIME (Month) (Doy)	TRELATED TO JSING IT. B. CONDITION F AS PERFORMED OF (Year) (Hour) Ospital) attend eceased alive es stated above	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While A1 Not White A1 Work ed the deceased fram an	20A. AUTOPS: in or obout 21C, Woffice bldg., INJURY 21F. HC ite	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING CHAPTER DID OCCUR? 19	pinian/death accurred an the
19 A C C C C C C C C C C C C C C C C C C	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEEDSE OR CONDITION CAU A. ACCIDENT WAS UNDERL' CONTRIBUTING CAUSE CATH (notify medical examines) D. TAME (Month) (Doy) TINJURY PPROX.) I certify that (1) (this had the cause of the cause o	TRELATED TO JSING IT. B. CONDITION F AS PERFORMED YING OF (Year) (Hour) Ospital) attended eceased alive es stated above ATE 24	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White Mork ed the deceased fram on M.D. Att Phy C. NAME of CEMETERY of CR	20A. AUTOPS: in or obout 21C, Wisffice bidg., INJURY 21F. HO ide	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING CHERE DID OCCUR? 19 ta and that in(my) (aur) a fter death. 19 Stoff Phys. 24D. LOCATION	pinian death accurred an the
TODIS TO	THE RESIGNIFICANT CONDITION THE DEATH BUT NOT SEASE OR CONDITION CAU A. ACCIDENT WAS UNDERL' CONTRIBUTING CAUSE CATH (notify medical examines) D. TIME (Month) (Doy) INJURY PPROX.) I certify that (I) (this had to the cause of the cause	JENE IT. B. CONDITION F AS PERFORMED YING OF (Year) (Hour) Ospital) attend eceased alive es stated above ATE 24 16 - 67	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cet.) 21E. INJURY OCCURRED While At Not Whitwork ed the deceased fram on M.D. Att Phy C. NAME of CEMETERY of CR	20A. AUTOPS: in or obout 21C, Wisffice bidg., INJURY 21F. Ho ide 19 0 19 0 19 0 19 0 19 0 19 0 19 0 19	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING CHERE DID OCCUR? 19 to 19	pinian/death accurred an the
TODIS TO	THER SIGNIFICANT CONDITION THE DEATH BUT NOT SEEDSE OR CONDITION CAU A. ACCIDENT WAS UNDERL' CONTRIBUTING CAUSE CATH (notify medical examines) D. TAME (Month) (Doy) TINJURY PPROX.) I certify that (1) (this had the cause of the cause o	TRELATED TO JSING IT. B. CONDITION FAS PERFORMED YING OF (Year) (Hour) OSPITAL OF (Hour) OSPITAL OF (Hour) ATE 24 16-67 T. 258, NA.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White Mork ed the deceased fram on M.D. Att Phy C. NAME of CEMETERY of CR	20A. AUTOPS: in or obout 21C, Wisffice bidg., INJURY 21F. HO ide	WY (Yes or No) 208. IF YES, WER IN CERTIFYING CHERE DID OCCUR? 19	pinian death accurred an the

THE RESERVE THE STREET THE PARTY OF THE PART Tool - 1 -15-57 The View of the Control of the terms of the

FUNERAL DIRECTOR: IMPORTANT

LE CASE NO.	CEASED			TE OF DEATH	AND HOUR OF DEAT	н		
ype or Print)	Sallie	McGo	YU				5144	0
PLACE OF DE	ATH IN BALTIMORE, MA		<i>y</i>	0c	here deceased lived. II	institution: reside	5:45	missio
				A. STATE B. CO	UNTY			
FULL NAME O		or institution,	give street	l-d			16.	
INSTITUTION	oddiess of feeding			C. CITY OR TOWN (If		e RURAL ond give	e township)	7
A 6217	Greenspring	น้ำขอ		D. STREET ADDRESS	(If rutol, give location)		7/	1
	cimore 9, Md.	Trac.						
SEX	6. RACE	T AAABBIED	NEVER AAABRIED	B. DATE OF BIRTH	spring Ave.	I 16 11-3 1 W	r. II Under	24 11
		WIDOWE	NEVER MARRIED D, DIVORCED (specify)		lost birthdoy)	Months Doy	s Hours	Min.
remale	White	Neve	r married	11. BIRTHPLACE (Stole or F	98			
A. USUAL OCC no during most of	CUPATION (Give kind of world world) I working fife, even if retired)	KIOB, KIND OI	F BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Slole or I	oreign cauntry)	12. CITIZEN	OF COUNTRY?	
Cl	erk	New Am	sterdam Cas.	Baltimore, H	3.	U-S	S.A.	
FATHER'S NA	ME	,		14. MOTHER'S MAIDEN	IAME	,		
T	aldid McCoy			4				
Was Deceased	d Ever in U. S. Armed For	rces?	1 6. SOCIAL	Agnes B		AD	DRESS	
es, no or unknow	n) (If yes, give wor or date	es of service)	SECURITY NO.		Ba	ltimore 9	, lid.	
Ivo	ivoite		218-07-8825A	Mrs. George L	aughlin Hoff	man. 6211	Greens	ori
18. 40	21/1		CAUSE	OF DEATH		INTE	RVAL BETWEET AND DE	EEN
DISEA	SE OR CONDITION DI	RECTLY	h	rterioscleratic	CVD			
	LEADING TO DEATH		14	rierio occeretio	-, 4 . 0	7	e2+3	
/This days		distant and	(A)					
	nal mean the made at , asthenia, etc. It means		DUE TO	***************************************	and distributed to the secretar since we derive the side with which we secretar to secretar the secretar supplies which it			
heart failure,	nal mean the made at	the disease,	DUE TO					
heart failure,	nal mean the made at , asthenia, etc. It means	the disease, death.)	DUE TO	,			*****************************	
heart failure, injury at car	nal mean the made of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	s the disease, death.)	(B)DUE TO	,				
heart failure, injury ar car DISEASES rise la th	nal mean the made of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES	s the disease, death.)	(B)DUE TO					
heart failure, injury ar car DISEASES rise la th	nal mean the made of a state of the caused of the cause of the cau	s the disease, death.)	(B)DUE TO	,				
DISEASES rise la 1h UNDERLYIN	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.	s the disease, death,) any, giving stating the	(B)(C)				wK	
DISEASES rise la 1h UNDERLYIN	nal mean the made of asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	s the disease, death,) any, giving stating the	(B)(C)				wK	
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE CONTROL OF THE C	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is CONDITION to the conditions of the condition causing for peration [198. CONDITION [198. CONDI	s the disease, death.) any, giving stating the CONTRIBUTINATED TO THE TO THE TRUTTON FOR	(B) DUE TO (C)		u him 12#	1		050000000000000000000000000000000000000
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE CONTROL OF THE C	nal mean the made of a sthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION last. II AIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING	s the disease, death.) any, giving stating the CONTRIBUTINATED TO THE TO THE TRUTTON FOR	(B) DUE TO (C)	Pre	u him 12#	1		000000000000000000000000000000000000000
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE LIDISEASE OR 19A-DATE O	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	s the disease, death.) any, giving stating the CONTRIBUTIN ATED TO THE TOTAL	(B) DUE TO (C) GHE WHICH OPERATION S. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER IN CERTIFYING C	1	NSIDERED TH?	05 0 0 5 0 0 0 0
DISEASES rise la lh UNDERLYIN OTHER SIGN TO THE E DISEASE OR 19A. DATE O OR CONTRIB DEATH (notification)	nal mean the made of a sistematic assembly as the made of the made	s the disease, death.) any, giving stating the CONTRIBUTIN ATED TO THE TOTAL	G WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, center)	Phe 20A. AUTOPSY? (Yes or	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS COI	NSIDERED TH?	
DISEASES rise la 1h UNDERLYIN OTHER SIGN TO THE L DISEASE OR 19A-DATE O OR CONTRIB DEATH (notif	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is condition to conditions of the condition of the condition causing is condition to causing in the condition of the c	any, giving slaling lhe CONTRIBUTINATED TO THIT. NOTION FOR FORMED 218 honetc.	(B) DUE TO (C) G HE WHICH OPERATION D. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS COI	NSIDERED TH?	
DISEASES rise la lh UNDERLYIN OTHER SIGN TO THE E DISEASE OR 19A-DATE O OR CONTRIB DEATH (notil) 21D. TIME OF INJURY	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is condition to the condition of the condition causing of operation [198, conwas per tent was underlying cause of cause	any, giving slaling lhe CONTRIBUTIN ATED TO THIT. NOTION FOR FORMED 218 hometr. (Hour) 21E	G WHICH OPERATION D. PLACE OF INJURY (e.g., ne, form, foctory, street, or) INJURY OCCURRED	in or obout 21C. WHERE DID olfice bldgs, INJURY OCCUR:	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS COI	NSIDERED TH?	
DISEASES rise In IN UNDERLYIN OTHER SIGN TO THE E DISEASE OR 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notil)	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is condition to conditions of the condition of the condition causing is condition to causing in the condition of the c	any, giving slaling lhe CONTRIBUTIN ATED TO THIT. NOTION FOR FORMED 218 hometr. (Hour) 21E	G G WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, or the street, or th	in or obout 21C. WHERE DID office bldg., INJURY OCCUR:	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS COI	NSIDERED TH?	
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIB DEATH (notif	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is condition to conditions of the condition of the condition causing is condition to causing in the condition of the c	any, giving slaling lhe CONTRIBUTIN ATED TO THIT. NOTION FOR HORMED 218 hometc. (Hour) 21E Wh. Wo	G G WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, foctory, street, or ne, foctory, street, or ne, foctory, street, or ne, f	in or obout 21C. WHERE DID office bldg., INJURY OCCUR:	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS COI	NSIDERED TH? oct locofion)	1 7
DISEASES rise la 1h UNDERLYIN OTHER SIGN TO THE E DISEASE OR 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notil 21D. TIME OF INJURY (APPROX.)	nal mean the made of asthenia, etc. It means in policial means in the caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is condition to the condition of the condition of the condition of the condition of the condition causing in the condition causing in the condition of the conditi	any, giving slaling lhe CONTRIBUTIN ATED TO THIT. NOTION FOR FORMED (Hour) 21E Wh wo	G G WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, foctory, street, or ne, foctory, street, or ne, foctory, street, or ne, f	in or obout 21C. WHERE DID office bldg., INJURY OCCUR:	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS COL AUSES OF DEAT	NSIDERED TH?	
DISEASES rise la lh UNDERLYIN OTHER SIGN TO THE E DISEASE OR 19 A. DATE O 21 A. ACCIDE OR CONTRIB DEATH (notil) 21 D. TIME OF INJURY (APPROX.) 22. I certify	nal mean the made of a site of a sit	any, giving slaling the CONTRIBUTIN ATED TO THIT. CONTRIBUTION FOR (FORMED) 218 hometc. (Hour) 21E Who would attended the dolive on	G G IE WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, of the control o	in or obout 21C. WHERE DID office bldg., INJURY OCCURS	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS COL AUSES OF DEAT	NSIDERED TH?	
DISEASES rise la th UNDERLYIN OTHER SIGN TO THE EDISEASE OR 19A. DATE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (Approx.)	nal mean the made of a sistence of the caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) of CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slaling the CONTRIBUTIN ATED TO THIT. CONTRIBUTION FOR (FORMED) 218 hometc. (Hour) 21E Who would attended the dolive on	G G IE WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, of the control o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR:	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS COL AUSES OF DEAT	nsidered TH? oct locofion)	
DISEASES rise la lh UNDERLYIN OTHER SIGN TO THE E DISEASE OR 19A. DATE O OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (Max	nal mean the made of a sistence of the caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) of CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slaling the CONTRIBUTIN ATED TO THIT. CONTRIBUTION FOR (FORMED) 218 hometc. (Hour) 21E Who would attended the dolive on	G G WHICH OPERATION C. PLACE OF INJURY (e.g., ne, form, foctory, street, other) INJURY OCCURRED hite At Work At Work The deceased from	in or obout 21C. WHERE DID olfice bldg., INJURY OCCUR: 21F. HOW DID ife Ond ond view the body ofter deat	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS COL AUSES OF DEAT ore City, give ext	NSIDERED TH? oct locofion) J.S. 19. ccurred on	
DISEASES rise la Ih UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIMME OF INJURY (APPROX.) 22. I certify that (I) (Magain and hour on 23A. SIGN AT	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is condition to conditions of the condition of the	any, giving slaling the CONTRIBUTIN ATED TO THIT. CONTRIBUTION FOR (FORMED) 218 hometc. (Hour) 21E Who would attended the dolive on	G G WHICH OPERATION C. PLACE OF INJURY (e.g., ne, form, foctory, street, other) INJURY OCCURRED hite At Work At Work The deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR: 21F. HOW DID ife ond view the body ofter deat tending Med., Director	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 3 to	E FINDINGS COL AUSES OF DEAT	NSIDERED TH? oct locofion) J.S. 19. ccurred on	
DISEASES rise la li UNDERLYIN OTHER SIGN TO THE E DISEASE OR 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notil 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (was ond hour on	nal mean the made of a sthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is a cause (A) is a condition of the condition of	any, giving slaling the CONTRIBUTIN ATED TO THIT. CONTRIBUTION FOR (FORMED) 218 hometc. (Hour) 21E Who would attended the dolive on	G G WHICH OPERATION C. PLACE OF INJURY (e.g., ne, form, foctory, street, other) INJURY OCCURRED hite At Work At Work The deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR: 21F. HOW DID ife 21F. HOW DID ond view the body ofter deat tending Med. ys. 23D. ADDRESS	No) 208. IF YES, WER IN CERTIFYING COUR? If in Boltim NJURY OCCUR? 19 3 to that in (my) (out) a h. Stoff Phys.	E FINDINGS COLLAUSES OF DEAT	NSIDERED TH? oct locofion) J.S. 19. ccurred on	
DISEASES rise la Ih UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIMME OF INJURY (APPROX.) 22. I certify that (I) (Magain and hour on 23A. SIGN AT	nal mean the made of a sthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is a cause (A) is a condition of the condition of	any, giving slaling the CONTRIBUTIN ATED TO THIT. CONTRIBUTION FOR (FORMED) 218 hometc. (Hour) 21E Who would attended the dolive on	G G WHICH OPERATION C. PLACE OF INJURY (e.g., ne, form, foctory, street, other) INJURY OCCURRED hite At Work At Work The deceased from	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID iffe ond view the body after deat tending Med. Director 22D. ADDRESS	No) 208. IF YES, WER IN CERTIFYING COUR? If in Boltim NJURY OCCUR? 19 3 to that in (my) (out) a h. Stoff Phys.	E FINDINGS COLLAUSES OF DEAT	NSIDERED TH? oct locofion) J.S. 19. ccurred on	
DISEASES rise la III UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE O 2TA. ACCIDE OR CONTRIB DEATH (notil 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (AMB ond hour on 23A. SIGN ATI	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is abave cause of the condition causing in the cause of ymedical examiner) (Month) (Doy) (Year) The cause of ymedical examiner) (Month) (Doy) (Year) The cause of the	any, giving slaling the CONTRIBUTIN ATED TO THIT. TOTO TO THIT. TOTO TO THE STATE OF THE STATE	G G WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, other in the deceased from	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR: 21F. HOW DID ife 3 19 ond view the body ofter deat tending Med. ys. 23D. ADDRESS	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 63 to that in (my) (evr) a h. Stoff Phys. St. Balt	E FINDINGS COLLAUSES OF DEAT	nsidered TH? oct locofion) 15 19 ccurred on GNED	the d
DISEASES rise la III UNDERLYIN OTHER SIGN TO THE CONTRIB DISEASE OR 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notil 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (MARCA) 23C. PHYSICU NAMEA A. BURIAL CRI REMOVAL	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is condition to the condition of	any, giving slaling the CONTRIBUTIN ATED TO THIT. ADDITION FOR FORMED (Hour) 21E Who would be a contributed obove. (24C. N.	G G WHICH OPERATION A. PLACE OF INJURY (e.g., ne, form, foctory, street, or control of the deceased from the deceased	in or obout 21C. WHERE DID olifice bldg., INJURY OCCURS 21F. HOW DID ond view the body ofter deat tending Med. Director Tending St. D	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 63 to	E FINDINGS COLAUSES OF DEAT	nsidered TH? oct locotion) 15 19 ccurred on GNED) 67	the d
DISEASES rise la li UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE O OR CONTRIB DEATH (notil 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (Aug. ond hour on 23A. SIGNATI A. BURIAL CRI REMOVAL DUTIAL	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) is abave cause of the condition causing in the cause of ymedical examiner) (Month) (Doy) (Year) The cause of ymedical examiner) (Month) (Doy) (Year) The cause of the	any, giving slaling the CONTRIBUTIN ATED TO THIT. CONTRIBUTION FOR THE	G G IE WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, of the control o	in or obout 21C. WHERE DID olifice bldg., INJURY OCCURS 21F. HOW DID ond view the body ofter deat tending Med. Director Tending St. D	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 53 to that in (my) (cor) a h. Stoff Phys Stoff Phys LOCATION (C)	pinion deoth of	nsidered TH? oct locotion) 15 19 ccurred on GNED) 67	





Such

red A. Sommerville	10/12	Registered No. 67 9758 ID HOUR OF DEATH 2/67 // A
	jo// a	1/67 1/1 4
, MARILAND		The same of the sa
	A. STATE B. COUN	re deceosed lived. If institution: residence before admission in
spital or institution, give street ocotion)	C. CITY OR TOWN (If out	tside city limits, write RURAL and give township)
petal	Baltimore	rusol, gite tockfor) 5, Robinson S
/-	D. STREET ADDRESS (IF	antition start
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec		9. AGE (In years If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	USTRY 11. BIRTHPLACE (Stote or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?
(Tred)	md.	W SA
There	541 60	h Ella Gauhan
ed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
		olny 275 S Robinson St
	The second secon	OLHY 2/5 S. RODINSON SC.
	OSE OF BEATT	ONSET AND DEATH
ATH	nam Regative Six	21840
de of dying, e.g., DUE	TO	
oused deoth.)	7.1. 1.0 1 1.	7/
USES	upraeue com	· / 4
if ony, giving	21 2 (416) 22 2	DIE!
(A) stoting the	no continuo	00ay 17
it.	V	/
NS CONTRIBUTING	. 0	
RELATED TO THE	Feelo perus	
CONDITION FOR WHICH OPERATION		
S PERFORMED	Yes	IN CERTIFYING CAUSES OF DEATH?
F 27B. PLACE OF INJURY	Y (e.g., in or obout 21 C. WHERE DID INJURY OCCUR?	Ill in Boltimore City, give exact location)
	215 HOW NO IN	IIIPY OCCIUR?
		OR, 0000R.
Work A	t Work	
pital) attended the deceased from	n 91.22167	19 10 10/12 1960
ceased alive an 19/12	19 6 7 and th	nat in (my) (our) apinian deoth occurred an the d
s stated obave (1) (We) (did) (did		
		23 B. DATE SIGNED
A.I		Stoff Phys. 2 10/12/67
very gr	23D. ADDRESS	11/30
Tuelou T.	M.D. Maringerette	Hox notal
TE 1240 NAME OF CEMPTERS	7140000	OCATION (City, town, or county) Stote
10-1907 Lorrain Par	K Bal	timore County, Maryland
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec Mover 108. KIND OF BUSINESS OR INC In DIRECTLY ATH de of dying, e.g., neons the diseose, bused deeth.) USES if ony, giving (A) stoting the st. PAS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OPERATION S PERFORMED ACCUMANTAL (Year) (Hour) 21E. INJURY OCCURR While At North A Spital) attended the deceosed from ceased alive an	7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH

VS 150-REV. 1/1/65

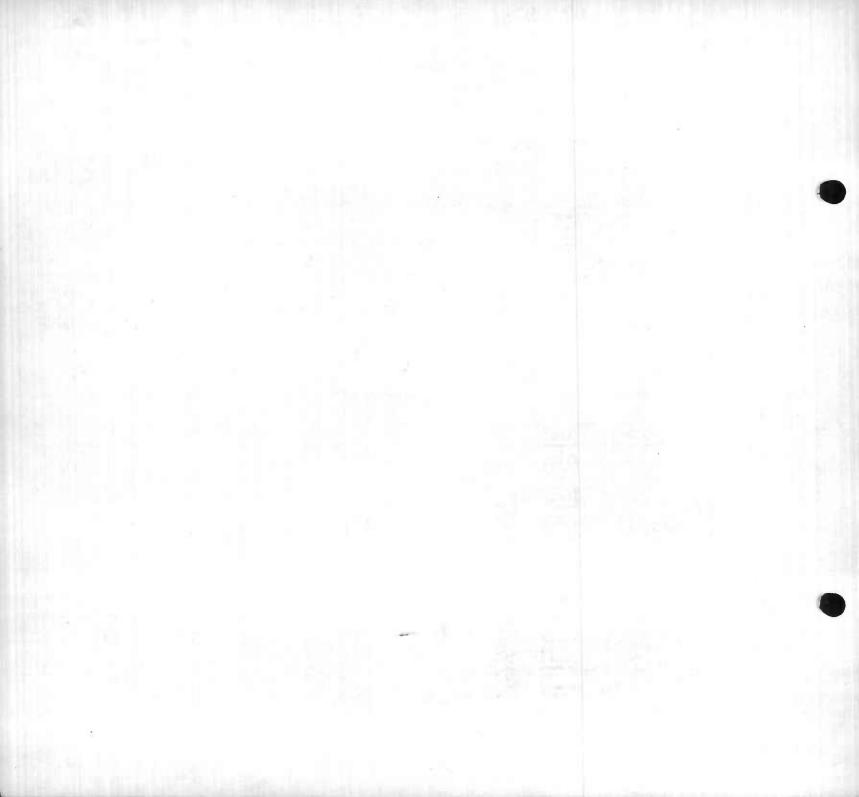
officered a contra The same of the sa the state of the season are the season and The say or South of the

BiR	TH NO. 67 9759	ERTIFICATE OF DEATH	Registered No. 67 9759
1,1	E CASE NO.		D HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE, MARYLAND		e deceased lived. If institution: residence before admission)
	FULL NAME OF (If not in hospital ar institution, give stree	A. STATE B. COUN	7-01
	HOSPITAL OR address or facation)		tside city limits, write RURAL and give township)
	Johns Hopkins Hes	D. STREET ADDRESS (III	rural, give lacation)
_	33	603N1	EllwoodAve
5.	6. RACE 7. MARRIED, NEVER WIDOWED, DIVO	MARRIED B. DATE OF BIRTH	9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE e during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE (State or fore	gn country) 12. CITIZEN OF WHAT COUNTRY?
	PATHERS NAME	14. MOTHER'S MAIDEN NA	USH
13.	Allowat Battlana	Roses I	Harris
15.	Was Deceased Ever in U. S. Armed Forces? s, no ar unknawn)(Uf yes, give wor or dates at service) SEC	CIAL 17. INFORMANT URITY NO.	ADDRESS
		012959 Mps. April 63	tettleyn - 603 N. Ellwood Wer
-	18./63 X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Carcinoma q	E Luna 18 month
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease,	DUETO	
	injury or camplication which caused deeth.) ANTECEDENT CAUSES	(B)	0
	DISEASES OR CONDITIONS, if any, giving	DUE TO	
	rise to the obave couse (A) stating the UNDERLYING CONDITION last.	(C)	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFIC	198. CONDITION FOR WHICH WAS PERFORMED	OPERATION 20A. AUTOPSY? (Yes at No	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U	OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in or about 21 C. WHERE DID factory, street, affice bldg., INJURY OCCUR?	(If in Boltimare City, give exact location)
DICAL	DEATH (natify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Haur) 21 E. INJUR)	OCCURRED 21F. HOW DID INJ	ILLEY OCCUP?
ME	OF INJURY (APPROX.) White At	Nat While At Wark	oki oceak:
	22. I certify that (1) this haspital) attended the dece		1967 10 10/10 1967
	that (I) (we) lost saw the deceased alive on	1/8//	not in(my) (our) opinian death occurred on the date
	ond hour ond from the causes stoted obove (1) (We)	did) (did not) view the body ofter death.	23B, DATE SIGNED
	SA. SIGNATURE	M.D. Attending Med. Director	Staff Phys, 10/10/20
	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS	11 1 11 11
	Albert B. EINSTEIN	Vr. M.D. Vohns	Hopkins Hospital
24	REMOVAL (Specify)	11 0	City, town, of county (State)
25	BURIAL 10-13-67 BATTA	TRAR 250 FUNERAL DIRECTO	ADDRESS A
	DCT 13 1967. Reub 2.	tarkent Startly Me	lle - 2334 Jefferson 80.
VS	150-REV, 1/1/65	1 6 0	000

All he personal appears on Almert Frettleyen Ermire Ver

67 9760	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 9760
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered Na.	07, 0700
A.E. CASE NO. NAME OF DECEASED Type or Print	em H.		NO HOUR OF DEATH	oct. 10, 1967
PLACE OF DEATH IN BALTIMORE, MARYLAND	am II.		ere deceased lived. If i	nstitution: residence before odmission
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	give street		Baltimor	e 7 - 6 8 RURAL ond give township)
The Johns Hopkins Hos	spital		e rurol, give locotion) 2nd. St.	
Male	NEVER MARRIED D. DIVORCED (specify) hild	B. DATE OF BIRTH 6-9-51	9. AGE (tn years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND One during most of working life, even if retired)		Balto. Md.	ign country)	12. CITIZEN OF WHAT COUNTRY?
William H. Jackson	Sr.	14. MOTHER'S MAIDEN NA Naomi W/4		ton)
5. Was Deceased Ever in U. S. Armed Forces? es,no orunknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	WM H. Jacks	on Sh.	ADDRESS
18. 20/XI	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	11	112 5 1.	se as e	ONSET AND DEATH
heart failure, asthenia, etc. It means the disease injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO	ith generali huoluement		3/2 Years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.				
19.A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF ho DEATH (notify medical examiner)	me, form, factory, street,	in or obout TIC. WHERE DID office bldg., INJURY OCCUR?		re City, give exoct locotion)
OF INJURY	E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
22. I certify that (1) this haspital) attended			1967 to 0	ct. 10 1967
that (1)(we) last sow the deceased alive on.				inion death accurred an the da
ond haur and fram the causes stated obave.				
23A. SIGNATURE				23B. DATE SIGNED
John Fraks	M.D. A	ttending Med. Director	Stoff Phys.	Oct. 10, 1967
23C. PHYS CIANS NAME (Type)	M.D	230. ADDRESS	Hopkins	Hospital
REMOVAL (Spacify)	NAME OF CEMETERY OF C		LOCATION (C)	City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 258 NAME				ADDRESS
OCT 13 1967 Roley	of E. Jarber M.B	WM C MAK		E. North Are.

HodgKini disease ya5 No 67 004, 10 40 Intograft smillyott



M.E. CASE I I.NAME OF Type or Print	DECEASED	A A.	GESCHEIDER		2. DATE A	ober 10,	1967	5.00 P.
FULL NA.	F DEATH IN BALTIMORE, MA	ARYLAND or instituti		Mary	land			residence before odmissio
INSTITUTION			เอาร์เเพ	Balt	imore	21218	rite RURAL fo	nd give township)
9	6116 Bela	ir Rd	l.	D. STREET ADD		frurol, give locotion ord Rd.	1)	
Femal	le White	WIDO	IED, NEVER MARRIED WED, DIVORCED (specify)	June 3,		9. AGE (In years lost birthday)	If Und Months	der 1 Yr. If Under 24 Hi Doys Hours Min.
	ost of working life, even if retired)	k 10B. KIND	OF BUSINESS OR INDUSTRY	Pitts		eign country) , Penna.	W	TIZEN OF HAT COUNTRY? USA
3. FATHER'S	NAME			14. MOTHERS A	MAIDEN NA	ME		
Jo	hn D. Getty			Mart	ha A.	Gerst		
5. Was Dec Yes, no or unl NO	eosed Ever in U. S. Armed Fo known) (If yes, give wor or dote	rces? les of servi	16. SOCIAL SECURITY NO. 220 44 3470 J]	John A		cheider rd Rd. R	(son)	ADDRESS ore 21218
1B. 4	20,01		CAUSE O				02 mc	INTERVAL BETWEEN ONSET AND DEATH
D	ISEASE OR CONDITION DI LEADING TO DEATH		1	(41)				was
	oes nat meon the made at							
	ilure, osthenia, etc. II means r camplication which coused		0\$0,					
	ANTECEDENT CAUSES	S	(B)			till direkt til avstörligt fil direk sid		AQA 00 14 0 0 0000 000 000 000000000000000
	ES OR CONDITIONS, if	ony, giv	DUE TO					
rise to	ES OR CONDITIONS, if a the above cause (A)	ony, giv	DUE TO					
rise to	ES OR CONDITIONS, if a lhe above cause (A) LYING CONDITION last.	ony, giv	DUE TO					
uise to	ES OR CONDITIONS, if a the above cause (A)	ony, givestating	the (C)					
UNDER	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. II SIGNIFICANT CONDITIONS (4E DEATH BUT NOT REL.	contribu	TING		Y? (Yes or h	lo) 208. IF YES, W	'ERE FINDING CAUSES OF	S CONSIDERED EDEATH?
OTHER TO THE DISEAS 19A. DA 27A. AC COMMENT OF THE DISEAS 19A. DA 27A. AC DEATH	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. II SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION [198. CONTICUT NOT REL. E OR CONDITION (AUSING TE OF OPERATION [198. CONTICUT NOT REL. E OR CONDITION (AUSING TE OF OPERATION [198. CONTICUT NOT REL. E OR CONDITION (AUSING TE OF OPERATION [198. CONTICUT NOT REL. E OR CONTICUT NOT REL E OR CONTICUT NOT REL. E OR CONTICUT NOT REL.	CONTRIBU ATED TO IT. NDITION F	TING	20 A. AUTOPS	Y? (Yes or N	10) 20B. IF YES, W IN CERTIFYING		S CONSIDERED DEATH?
UNDER OTHER TO TH DISEAS 19A. DA 21A. AC OR CON DEATH	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. I SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CON WAS PER CIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notity medical examiner)	contribu	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o	20A. AUTOPS 10 n or obout 21 C. W ffice bldg., INJURY	O HERE DID OCCUR?	10) 20B. IF YES, W IN CERTIFYING		
UNDER OTHER TO TH DISEAS 19 A. DA 21 A. AC OR CON DEATH	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. II SIGNIFICANT CONDITIONS (ALE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CON WAS PER ITRIBUTING CAUSE OF (notity medical examiner) ALE (Month) (Doy) (Year) ALE (Month) (Doy) (Year)	contribu	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.)	20 A. AUTOPS n or obout 21 C. W ffice bldg., INJURY	O HERE DID OCCUR?	lo) 20B, IF YES, WIN CERTIFYING		
WEDICAL CERTIFICAL OF INTERIOR	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. II SIGNIFICANT CONDITIONS (ALE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CON WAS PER ITRIBUTING CAUSE OF (notity medical examiner) ALE (Month) (Doy) (Year) ALE (Month) (Doy) (Year)	contribu	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Noi While At Work	20 A. AUTOPS n or obout 21 C. W ffice bldg., INJURY	Y? (Yes or h O HERE DID OCCUR?	20B. IF YES, WIN CERTIFYING (It in Boll) JURY OCCUR?		
UNDER TO THE TO THE DISEAS TO A CON DEATH 21 D. TIA. ACCOMMENT OF INJUINATION OF INJUINATION (APPRO) 22. I ce	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. II SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. FOR CONDITION CAUSING TE OF OPERATION 198. CON WAS PER (TRIBUTING CAUSE OF (notity medical examiner)) AE (Month) (Doy) (Year) AE (Month) (Doy) (Year) AE (Month) (Doy) (Year) ATTERIST THE CONDITION (The condition of the conditio	CONTRIBUATED TO IT. NOITHON FREDRMED (Hour)	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.) 21E. INJURY OCCURED While At No! While At Work ed the deceased from	20A. AUTOPS 10 n or obout 21C. W ffice bldg., INJURY	Y? (Yes or h	O 20B. IF YES, WIN CERTIFYING (It in Bol) JURY OCCUR?	Cel	ive exoct locotion)
OTHER TO THE DISEAS 19A. AC OR CON DEATH 21D. TIM OF INJU (APPRO) 22. I ce that (I)	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CONDITIONS (TRIBUTING CAUSE OF (notify medical examiner)) AE (Month) (Doy) (Year) Pertify that (1) (+his-haspital (we) lost saw the decease.	CONTRIBUATED TO IT. (Hour) LL) ottende ed alive	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.) 21E. INJURY OCCURED While At No! While At Work ed the deceased from	20 A. AUTOPS n or obout 21 C. W ffice bldg., INJURY 21 F. HO	O HERE DID O OCCUR?	JURY OCCUR?	Cel	ive exoct locotion)
OTHER TO THE DISEAS 19A. AC OR CON DEATH 21D. TIM OF INJU (APPRO) 22. I ce that (I)	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CON WAS PER (Month) (Doy) (Year) PER (Month) (Doy) (Year) PER (We) lost saw the decease of the couses stout and from the couse of the c	CONTRIBUATED TO IT. (Hour) LL) ottende ed alive	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceosed from An or while at work where the deceosed from An or while at work on An or while at work while At work an or while At work on An or while At work an or while At work on	20 A. AUTOPS n or obout 21 C. W ffice bldg., INJURY 21 F. HO	O HERE DID O OCCUR?	JURY OCCUR?	Coli	ive exoct locotion)
OTHER TO THE DISEAS TO A CON DEATH 21D. TIM. OF INJU. (APPRO) 22. I ce that (I) and hot	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CON WAS PER (Month) (Doy) (Year) PER (Month) (Doy) (Year) PER (We) lost saw the decease of the couses stout and from the couse of the c	CONTRIBUATED TO IT. (Hour) LL) ottende ed alive	TING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At No! While At Work ed the deceosed from	20A. AUTOPS 10 n or obout 21C. W ffice bldg., INJURY 21F. Ho	O HERE DID O OCCUR?	JURY OCCUR? 19 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Coli	oth occurred on the d
UNDER OTHER TO THE TO THE DISEASE OF CON DEATH 21A. ACC OR CON DEATH 21D. TIM OF INJU (APPRO) 22. I ce that (I) and hot 23A. SIG	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CON WAS PER (TRIBUTING CAUSE OF (notity medical examiner) AE (Month) (Doy) (Year) AE (Month) (Doy) (Year) AE (Month) (Doy) (Year) ATTIFICATION (We) lost saw the decease of the course stoward o	CONTRIBUATED TO IT. (Hour) LL) ottende ed alive	TING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceosed from At Work man. M.D. Att. Phy	20A. AUTOPS 10 n or obout 21C. W ffice bldg., INJURY 21F. Ho	Y? (Yes or ho) HERE DID OCCUR? OW DID IN ond to ofter death	JURY OCCUR?	Coli	oth occurred on the d
UNDER OTHER TO THE TO THE DISEASE 19 A. DA 21 A. ACC OR CON DEATH 21 D. TIM (APPRO) 22. I ce that (I) and hot 23 A. SIG	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CON WAS PER (TRIBUTING CAUSE OF (notity medical examiner)) AE (Month) (Doy) (Year) Pertify that (1) (+his-haspital (we) lost saw the decease our and from the causes stowards and the couses stowards and the couse stowards and the co	CONTRIBUATED TO IT. (Hour) LL) ottende ed alive	TING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceosed from At Work man. M.D. Att. Phy	20 A. AUTOPS n or obout 21 C. W ffice bldg., INJURY 21 F. Ho 19 21 F. Ho 21 F. Ho 22 F. Ho 23 D. ADDRESS	O HERE DID O OCCUR? OW DID IN Ond to ond to other death	JURY OCCUR? 19 4 10 10 10 10 10 10 10 10 10 10 10 10 10	opinian de	oth occurred on the de
UNDER OTHER TO THE DISEAS 19A. DA 21A. ACCOR CON OF CON OF INJU (APPRO) 22A. SIG 23C. PHY NA F	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. II SIGNIFICANT CONDITIONS (AE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 19B. CON WAS PER (TRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year) APT (MONTH) (MONTH)	CONTRIBUATED TO IT. (Hour) (Hour) (L) ottended above	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work Bed the deceosed from e. (I) (We) (did) (did not) while M.D. Atternity	20 A. AUTOPS n or obout 21 C. W ffice bldg., INJURY 21 F. H 21 F. H 22 F. H 23 D. ADDRESS 15 E.	Y? (Yes or NO HERE DID OCCUR? DW DID IN June 1 Aed. Aed. Bidd.	JURY OCCUR? 19 4 10 10 10 10 10 10 10 10 10 10 10 10 10	opinian de	19 6 poth occurred on the designed of the 21202
UNDER OTHER TO THE DISEAS OR CON DEATH OF INJU (APPRO) 21A. SIG 23A. SIG 23A. SIG	ES OR CONDITIONS, if a the above cause (A) LYING CONDITION last. SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CONDITIONS (AE (Month) (Doy) (Year) 198. (Month) (Doy) (Year) 198. (We) lost saw the deceosion of from the couses stoward from the couse stoward from the couse of th	CONTRIBU ATED TO IT. NDITION F RFORMED (Hour) LL) ottended above	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceosed from M.D. Att. Phy M.D. C.NAME of CEMETERY or CRI	20A. AUTOPS n or obout 21C. W ffice bldg INJURY 21F. HO 21F. HO 21F. HO 22T. HO 23D. ADDRESS 15 E.	Y? (Yes or NO HERE DID OCCUR? DW DID IN Aed. Director	JURY OCCUR? Stoff Phys. Le St. Balance	opinian de 23 B. D. (City, town,	1967 oth occurred on the designed ate signed ore 21202
UNDER OTHER TO THE DISEAS 19A. DA 21A. ACCOR CON OF CON OF INJU (APPRO) 22A. SIG 23C. PHY NA F	ES OR CONDITIONS, if the above cause (A) LYING CONDITION last. II SIGNIFICANT CONDITIONS (AE DEATH BUT NOT REL. E OR CONDITION CAUSING TE OF OPERATION 198. CONWAS PER ICIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notity medical examiner) AE (Month) (Doy) (Year) AE (Month) (Doy) (Year) AE (Month) (Doy) (Year) AT (We) lost saw the decease of the couses stomature of the couse of	CONTRIBUATED TO IT. NOITION FRED (Hour) (Hour) (Hour) (240	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.) 21E. INJURY OCCURED While At Not While At Work ed the deceosed from At Work an	20A. AUTOPS n or obout 21C. W ffice bldg., INJURY 21F. Ho 21F. Ho 21G. W 21F. Ho 21G. W 21F. Ho 21G. W 21G. W	Y? (Yes or NO HERE DID OCCUR? OW DID IN Acd. Director 24D. Bidd. Bidd. Bidd.	JURY OCCUR? 19 6 ta	opinian de 23 B. D. (City, town,	19 6 ooth occurred on the date signed

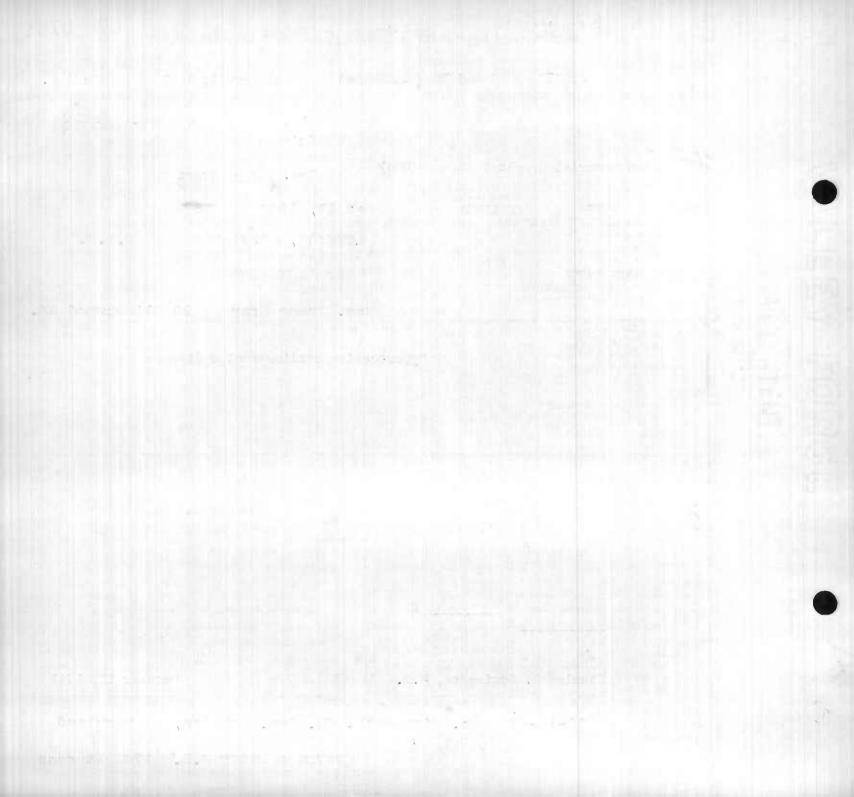


67	9783 BALTIMORE CIT	Y HEALTH DEPARTMENT		67 9763
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	0, 0,00
I. NAME OF DECEASED	11		D HOUR OF DEATH	01. 7 1
3. PLACE OF DEATH IN BALTIMORE MARYL	17 e NA YCUPT	Lembn 14 UK		tution: residence before admission
		A. STATE B. COUN		2-02
FULL NAME OF (If not in hospital or in HOSPITAL OR address or location) INSTITUTION	istitution, give street	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give tawnship)
	926 54	3024	morry	2/230
00/1/ - 0501100	100	D. STREET ADDRESS	rurol, give location)	144 57
. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
MOVE PROJITE	WIDOWED, DIVORCED (specify) WIDOWED NO WED KIND OF BUSINESS OR INDUSTRY	APR 41885	02	Months Doys Haurs Min. *
ane during most of working life, even if retired)	GeN/L LABOR	011	nd	WHAT COUNTRY
Let MANDYMBA	J414 Z 1 19 014	14. MOTHER'S MAIDEN NAM	- (03/2
r			P	
5. Was Deceased Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMANT PARC &	THERE'N A	ADDRESS SOM
(es, na arunknown) (If yes, give war ar dotes a	2/1 - 10 - 920	CUPPLEM	ATHERINE N POSTHIC	print pur)
TB.	CAUSE	OF DEATH	14 10 DF/DI	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC		I		ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dy		riosclerotic hea	rt disease	years
heort foilure, osthenio, etc. Il means the injury ar camplicolian which caused de	disease,		200 . 0	54.0-12.55
ANTECEDENT CAUSES	(B) DUE TO	eral arterioscle		years
DISEASES OR CONDITIONS, if ony				
rise to the above cause (A) ste UNDERLYING CONDITION lost.	iling the (C)			
11				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
U 19A, DATE OF OPERATION 19B, CONDIT	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na	20B. IF YES, WERE FIF	NDINGS CONSIDERED
none WAS PERFOR		no.	IN CERTIFYING CAUS	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
21D. TIME (Manth) (Day) (Year) (I	dour 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Wh		-	
22, I certify that (!) (this haspital) o	ttended the deceased from	eptember 10,	19 64 to Ocot	ober 12, 19 67
that (1) (we) lost saw the deceased of	live on October 11,	19 67 and th	at in(my) 🏧r) opini	an death occurred on the da
and hour and from the couses stated		view the bady ofter death.		
23A. SIGNATURE	M/		- 4	23B, DATE SIGNED
1/.0/0	M.D. AI	ys. Med. Director	Staff Phy s.	10-12-67
23C. PHYSICIAN'S NAME (Type) Chi-Chao Chi	u, M. D.	1 E. Randall	Street, Baltin	ore, Md - 21 230
24A. BURIAL CREMATION, 24B. DATESAT	24C. NAME of CEMETERY of C	/		town, ar county) (State)
1941DL Oct. 14198	(PPBRIGIL	-Cem. B.	POSTLYN D	18. Co. Md-
25A. DATE REC'D BY HEALTH DEPT. 25	NAME OF REGISTRAR	25C. FUNERAL BURECTO	URTIS E. EV	VANS ADDRESS 123
ART 1 2 1067 A D.	P. S. FalleyMA (C	Menes Como	14005,0101	MKesst 0100
VS 150- PE ANALYSIA U 1001 U ACC	74		1	



67 9764 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9764

M.E. CASE NO.								
1. NAME OF DECEASED	BESSIE F	ROSE	LOWIS (ROSE	mma)		HOUR PRONOUNCE		4 P.
			• • • • • • • • • • • • • • • • • • • •			er 11, 1967		Μ.
3. PLACE IN BALTIMORE, M.	ARYLAND, WHERE	PRONOU	NCED DEAD	A. STATE Mar	ENCE (Where	deceased lived. If insti B. COU	NTY	e odmission)
	T IN HOSPITAL OR		TION, GIVE STREET	C. CITY OR TOV	y Land	e corporate limits, write	RURAL and give tow	vashio)
HOSPITAL OR ADDR	ESS OR LOCATION				timore	corporate inning, with	1 1	2
44				D. STREET ADDI		nive Innefee	0	
Union Mem	orial Hosp	ital	(DOA)			ey Street		
5. SEX 6. RACE			NEVER MARRIED	B. DATE OF BIRTI	Н	9. AGE (In years	If Under 1 Yi, If U Months Doys Ho	
Female Neg		IDOW	ED (specify)	Feb 19,	1900	67	01	
IOA. USUAL OCCUPATION (G	ive kind of work 10B.	KIND OF	BUSINESS OR INDUSTRY			n country)	12. CITIZEN OF	nv2
done dwine mod of working lite,	even if retired)			LOTHIA	N, MAR	YLAND	U.S.A.	(1)
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAM			
BEN HARDE	STY			MARY A	NNIE S	WANN		
15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, gir			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
res, no or onknown, ar yes, gr	. 401 01 0000 01 .			Mrs. Ir	ene Gr	ay 20 1	Blightwoo	d Rd.
18.44 C/ = V			CAUSE	OF DEATH			INTERVAL	. BETWEEN ND DEATH
ANTECEDE DISEASES OR COND RISE TO THE ABOVE UNDERLYING COND OTHER SIGNIFICANT TO THE DEATH E DISEASE OR CONDITI	CAUSE (A) STATIN HTION LAST. II CONDITIONS CON	G THE						
E DISEASE OR CONDITI	ON CAUSING IT.							
19A. DATE OF OPERATIO	WAS PERFORM	ED	VHICH OPERATION	No		IN CERTIFYING CAUS	SES OF DEATH?)
UNDERLYING OR CONTUINED CAUSE OF DE	RIB-	21 B. F home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. V	WHERE DID Y OCCUR?	(If in Boltimore City, gi	ve exact location)	
21 D TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) (H			WHILE	OW DID INJ	JRY OCCUR?		
22. I certify that I	held an Inquir	у 🗆 _	Inspection X Aut	opsy on	d that an th	is bosis, deoth in n	ny opinion	
resulted from:	Natural causes	X A	ccident Suicid	e Homici	ide 🗌	Undetermined manne	er 🗌	
ACTUAL SIGNATURE	hale-	1	Sint M.D	CHIEF M	EDICAL EX		DATE	SIGNED
	Charles S.	Spri	ngate, M.D.	ASSOCIATE N			tober 12, 1	.967
23A. BURIAL CREMATION,	23B. DATE	230	C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City,	, town, or county)	(Stote)
BURIAL	10-14-6	7	Mt. Zion Me				Maryla	nd
24A. DATE REC'D BY HEALT	H DEPT. 248		OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS	
OCI	3 1967 R	le l	+ E, Falley MS	MORTO	N & D	ETT F.H.	1701 Lau	rens

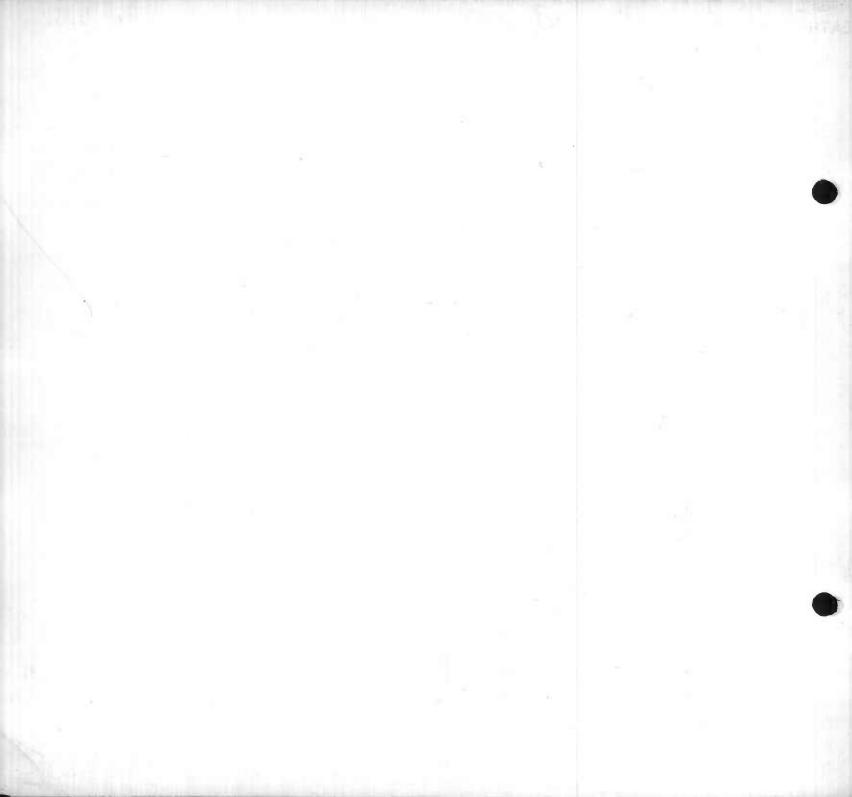


BALTIMORE CITY HEALTH DEPARTMENT

harmy comman the Clark Sugar Mercul Lynn Mar of total a familiar hard and the Lived to see het that we have the Booker & Dych Col 19: Land

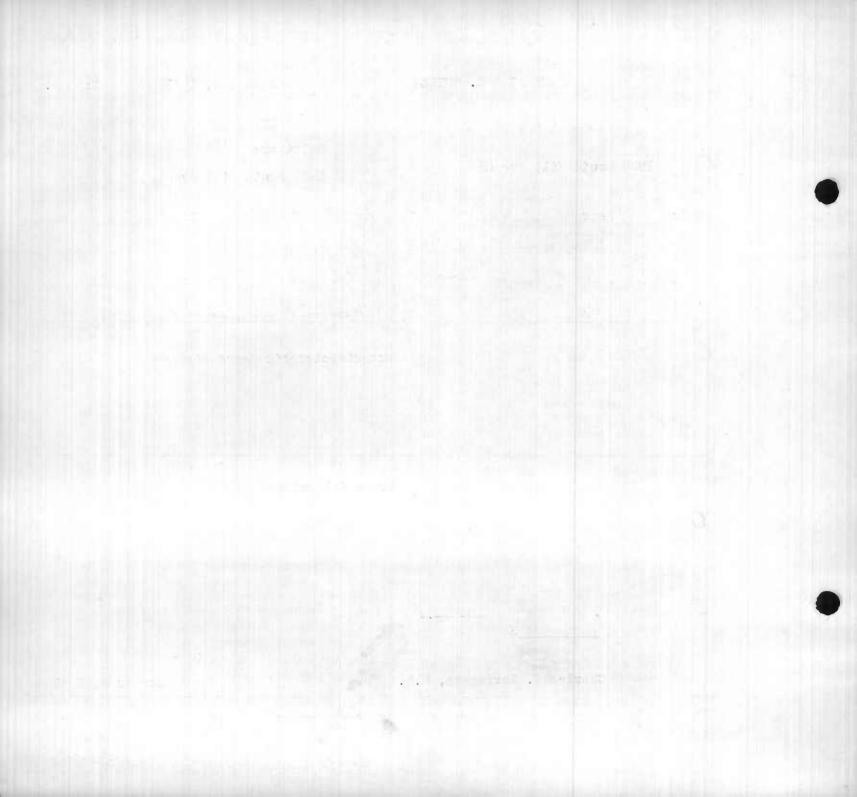
BIRTH NO. M.E. CASE NO.	67 97	66 CERTIFICA	TE OF DE	ATH	Registered No.	67 9766
I. NAME OF DECEASED				DATE AND	HOUR OF DEATH	
reriman, Ki				Oct.	11, 1967	6:20 A. N
3. PLACE OF DEATH IN BALTIMO			4. USUAL RESIDE A. STATE New Yorl	B. COUNT	e deceosed lived, II in	nstitution: lesidence before odmission)
HOSPITAL OR oddress or	ospitol or institution, location)	give street	C. CITY OR TOW	N (If outs	ide city limits, write	RURAL and give township)
INSTITUTION TO THE TIME	7.41- 0	- 77 - 1 1 - 7	Queens			1-29
Q U.S. Public Hes		e Hospital	D. STREET ADDRE	ESS (If ii	urol, give location)	
3100 Wyman Parl	x Drive		65-33	110th 5	St.	
S- SEX 6. RACE		NEVER MARRIED	8, DATE OF BIRTH	19	. AGE (In years	If Under 1 Yr., If Under 24 Hrs Months Doys Hours Min,
Male Caucasia	an Marri		Aug-23-192	22 4:		Months Doys Hours Min,
done during most of working life, even if		BOSINESS OK INDOSIKI	II, BIKINFEACE (S	note of totals	in country)	WHAT COUNTRY?
salesman	fur		New Yorl	k		USA
3. FATHER'S NAME			14. MOTHERS MA	AIDEN NAN	A E	
Isiadore Perlman			Minnie	Dime		
15. Was Deceased Ever in U. S. Arr (Yes, no or unknown) (II yes, give wor	or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
YES USA Wor.	La War II	075 12 0658	Records	USPH	Hospital.	Balto, Md.
18. 4 6 5 X 1 X	190.9	CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	ON DIRECTLY					ONSEL AND DEATH
LEADING TO D		(A)	Pulmonary	thromb	ooemboli	minutes
(This does not mean the me heart failure, asthenio, etc. It						
injury or complication which						
ANTECEDENT C	AUSES	(B)				
DISEASES OR CONDITION	S. if ony, giving	DOE 10				
rise to the obove couse	(A) slating the	(C)				
UNDERLYING CONDITION I	ost.					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CALL	T RELATED TO TH	G Malignant	mol anoma			months
DISEASE OR CONDITION CAL	B. CONDITION FOR			(Yes or No)	20B. IF YES WERE	FINDINGS CONSIDERED
	AS PERFORMED		VEC		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERL	YING 21B	PLACE OF INJURY (e.g., i	n or obout 21 C. WHI	ERE DID	(If in Boltimos	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner	OF hon	ne, form, loctory, street, o	ffice bldg., INJURY	OCCUR?		,, 9.00 0.001 1000 1000
21D. TIME (Month) (Doy)	(Year) (Hour) 21E	. INJURY OCCURRED		N DID INJU	JRY OCCUR?	
(APPROX.)	Wh	ile At Not Whit				
						19
that (I) (we) lost saw the de	eceased alive an		19	and tha	it in(my) (aur) ap	inion death occurred an the de
and hour and fram the cause	es stated obave. (l) (We) (did) (did nat) v	iew the bady aft	er death.		
23A. SIGNATURE	0/1/					23 B. DATE SIGNED
Mulling	10 10 Va	7 RKM.D. Atte	ending Me		Stofl Phys.	10/4/60
23 C. PHYSICIAN'S	o - mil		23 D. ADDRESS		y 3	110/11/6/
NAME (Type)		0				
		M.D.				
24A. BURIAL CREMATION, 24B. D REMOVAL (Specily)	ATE 24C.N	AME of CEMETERY OF CR	EMATORY	24D. LC	CATION	City, town, or county) (State)
B 0 10	112/67 W	ellusoch		Fa	A Linear Anna	man 4-6
25A. DATE REC'D BY HEALTH DEP	T. 258. NAME	OF REGISTRAR	25C. FUNERAL	DIRECTOR	- www.you	ADDRESS!
OCT 13 19	7 00 4	2 FacherMA	5, ,	0.11.	- : 2 2 (ON CARRISON 1
VS 150-REV 1/1/65	11 Uplesto	C. JUNDANIA	WYLV!	ANV	aus w	1 DISCIPLING PROPERTY





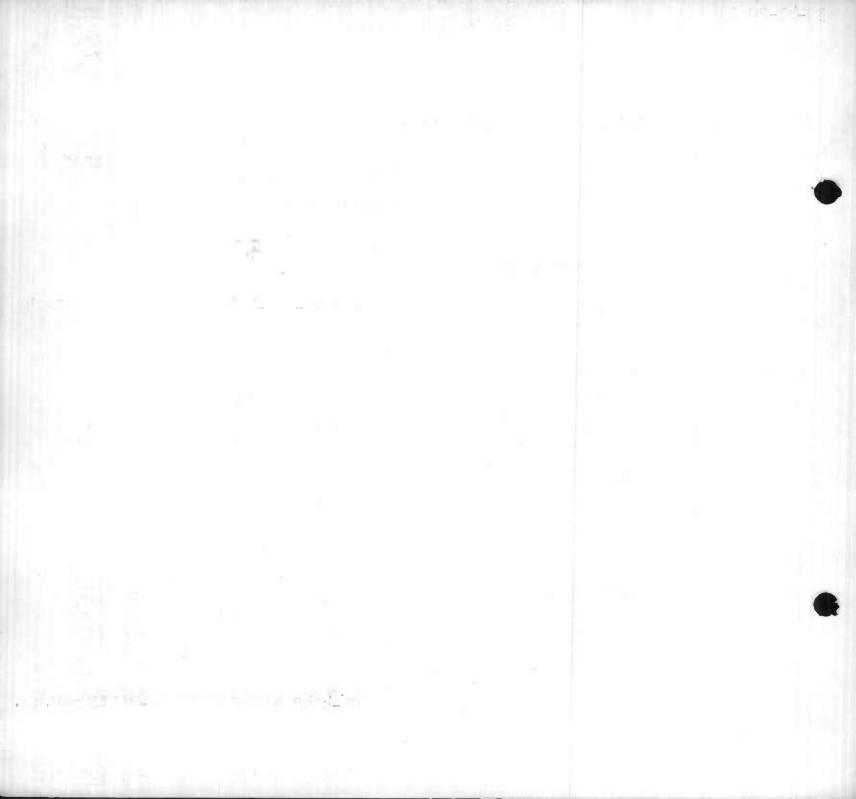
67 9768 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 87 9768

BIRTH NO.	MED	ICAL EXA	WIIIAEK 2	EKTIFICA	TE OF DEATH Regis	rered No. 1 O 100
M.E. CASE NO.	ASED				2. DATE AND HOUR PRONOUN	CED DEAD
(Type or Print)		THANIEL L.	OHTLLE	In		
3 PLACE IN BALTIM	AORE MARYLAND, V		•		October 8, 196	7 1:30 A. M.
3. PEACE IN BALINY	TORE WARIEAND, T	HERE PRONOUNC	LED DEAD	A. STATE	B. CC	DUNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	N, GIVE STREET		Aryland IWN (If autside corparate limits, w	in Bilbal and also township)
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITT OR TO	with the duising corporate limits, wi	He KOKAL and give lawship
					ltimore	14-0.
192	20 Druid Hil	1 Avenue		D. STREET ADD	ORESS (If rural, give location)	
				19	20 Druid Hill Ave	nue
5. SEX 6.	RACE	7. MARRIED, NEY		B. DATE OF BIR	TH 9. AGE (In year last birthday)	s If Under 1 Yr. If Under 24 Hrs Manths, Days, Hours, Min.
Mala	N7	mores	ORCEOTSPENIN	13-35	1001	None State S
Male	Negro ATION (Give kind of wor	KIOB. KIND OF BU	ISINESS OR INDUST	RY II. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
	rking life, en if getired)	00	1	Br. At	2. m. 0	WHAT COUNTRY?
3. FATHER'S NAME	courses	in crup	wopen_	14. MOTHER'S A	MAIDEN NAME	10.8/5
noth	- 1 0		W.	11	A COLOR NAME	
plante	mal O	sull -	De ,	June	neer Jones	
	EVER IN U.S. ARME f yes, give war ar dat		SOCIAL SECURITY NO.	17. INFORMANT	2	ADDRESS
	YES			much	Thul Ouls	Same
1B.	1-3		CAUS	SE OF DEATH	Contract Contract	INTERVAL BETWEEN
7 X	119					ONSET AND DEATH
DISEASE	OR CONDITION D	HECTLY	Δ	rterioscl	erotic heart disea	
(This does not	t mean the made a	f dying, e.g.,	DUE TO	T CCT TOOCT	crotic heart disea	.se
injuty or comp	isthenia, etc. It mean dication which caused	death.)				
	TECEDENT CAUSE		(B)			
RISE TO THE	R CONDITIONS, IF ABOVE CAUSE (A)	STATING THE	DUE TO			
	CONDITION LAST.		(C)			
OTHER SIGNIF TO THE DI DISEASE OR O			\\			
OTHER SIGNIE	II FICANT CONDITIONS	CONTRIBUTING				
O THE DI	EATH BUT NOT RE	ELATED TO THE	TR.	ronchial .	asthma	
DISEASE OR O	CONDITION CAUSIN					
O O		REORMED	CH OPERATION		Y? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	
	CALLSE WAS		45 GF 1111111	No		
VIA. EXTERNAL UNDERLYING □O	OR CONTRIB-	hame, fo	CE OF INJURY (e.g. arm, factory, street,	, in ar about 21C. affice bldg., INJUR	WHERE DID (If in Baltimare City, RY OCCUR?	give exact lacation)
UTING CAUSE	OF DEATH.	etc.)				
Z 21 D TIME (Month) (Day) (Yes	or) (Hour) 21E.	INJURY OCCURRED	21 F. H	IOW DID INJURY OCCUR?	0
OF INJURY (APPROX.)		WHII	LE AT NOT	WHILE		
22.		m. WOR	K L AT	WORK		
	y that I held on	Inquiry Ir	nspection X A	utopsy or	nd that on this basis, death in	my opinion
resulte	d from: Notural co	uses V Acci	ident Suici	de Homic	ide Undetermined mon	ner
	120	1			MEDICAL EXAMINER	
ACTUAL	(1. 5	11	1		MACCO .	DATE SIGNED
SIGNATUR		> 0.0	Jan M.	U	MEDICAL EXAMINER X	
EXAMINE NAME (Ty	/pe)	S. Spring			MEDICAL EXAMINER	October 8, 1967
23A. BURIAL CREMA REMOVAL (Specify)	ATION, 23B DATE	23 C. N	AME of CEMETERY	or CREMATORY	A 23D. LOCATION (Ci	ty, town, or county) (State)
Base (specify)	1 11-1	13-67 1	Ballo)	atth.	Butter	n. C
AA. DATE REC'D BY	Y HEALTH DEPT.	24B NAME OF	DEGISTRAP	12/C FILME	RAL DIRECTOR	ADDRESS
				On	, / 1	
UU	II 13 1967	Poleut &	, Jakey Min	Choyl	Ullson uno	runllenter
VS 151-REV. 1/1/65					T A O	/



Miles & Grand Help Marie mass mind - dompo LEVELAKO LEPPARA

(If autside city limits, write RURAL and give township 21205 If Under 1 Yr. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? 410 ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, 25C. FUNERAL DIRECTOR ADDRESS



SAB-50-28-63	BALTIMORE CITY HEALTH DEPARTMENT 67 9771 CEDITICATE OF DEATH Registered No. 67 9771
ata ot	MIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO.
deat deat n th	1. NAME OF DECEASED
of deat of deat Decease e on th	WILLIAM SOMMERVILLE 10-6-61 7:13 Am.
Do of	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decosed lived, If institution: residence before admission) A. STATE B. COUNTY
W A	FULL NAME OF (If not in hospital or institution, give street)
a hocause se; (5	HOSPITAL OR oddress or location) INSTITUTION 4940 Eastern Avenue
E 24 L	Bolling (18)
in Burning	Baltim recepbilal Maryland 40/ N. Colling Car Ave
ar ar a de	
occurre ontribut erminec regular regular is made	WIDOWED, DIVORCED (specify) Months Doys Hours Min,
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign count
NT nt if death direct or c f. (4) Undet th was in nt the dec	done during most of working lite, even it retired). WHAT COUNTRY?
de d	13. FATHER'S NAME
if d way way	Olian Con Summer Page Halling D
Stant ind; (eath	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Ssistar the chind kind deat	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
DRT assissis y kin d d d	Rec rds: BCH-4940 Eastern Avenue 21224
S S S S S S S S S S S S S S S S S S S	DISEASE OR CONDITION DIRECTLY
or hisonnoun attermed	LEADING TO DEATH
0 4 5 6 9 5	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
Da p t p d	injury or complication which caused death.)
min min fra	ANTECEDENT CAUSES (B) CALLACTE CAUSES DUE TO
ECI Xan Xan Wh wh	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) Droughodenic (A) Mouth -4
Z _ O C E E S	UNDERLYING CONDITION last.
medica nedical burns; hysicia n was remain	The state of the s
RAL D f medica medica v burns, physici ian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
T + F > 0.00	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUNE by a 2) Bod re the physic fore th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion)
he ital	O DEATH (notify medical examiner)
ospi ospi ature (6) r	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	Z (APPROX.) While At Not While At Work
	22. 1 certify that (1) (this hospital) attended the deceased from 10-1 1967 to 10-6 1967.
0 0 0	that (1) (we) lost sow the deceased alive an 10 - 6 19 and that in (my) (aur) opinion death accurred an the date
0 0 0 5 7	and hour and from the couses stated above (1) (We) (did) (did not) view the bady after death.
ust be assed dent ospit deat	23A. SIGNATURE 23B. DATE SIGNED
2 0.0 5 0 5	M.D. Attending Med. Staff Phys. Director Phys. D 10-6-6
s re	23C. PHYSICIAN'S NAME (Type) 23D ADDRESS 14 QUO Hastonia Bottim for Ma
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to written approval	Robert A. Cordes M.D. Hastern Avenue, Bottim re, Md.
T A C O B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
Vs: Dods	Burnel 10 72-67 (whites Cent Land me
This certify the body was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
₹ \$ \$ \$ \$ \$ \$	OCT 13 1967 P. D. & E. Fallower May Charles I Complete Con 100 Complete Con
	VS 150-REV, 1/1/65

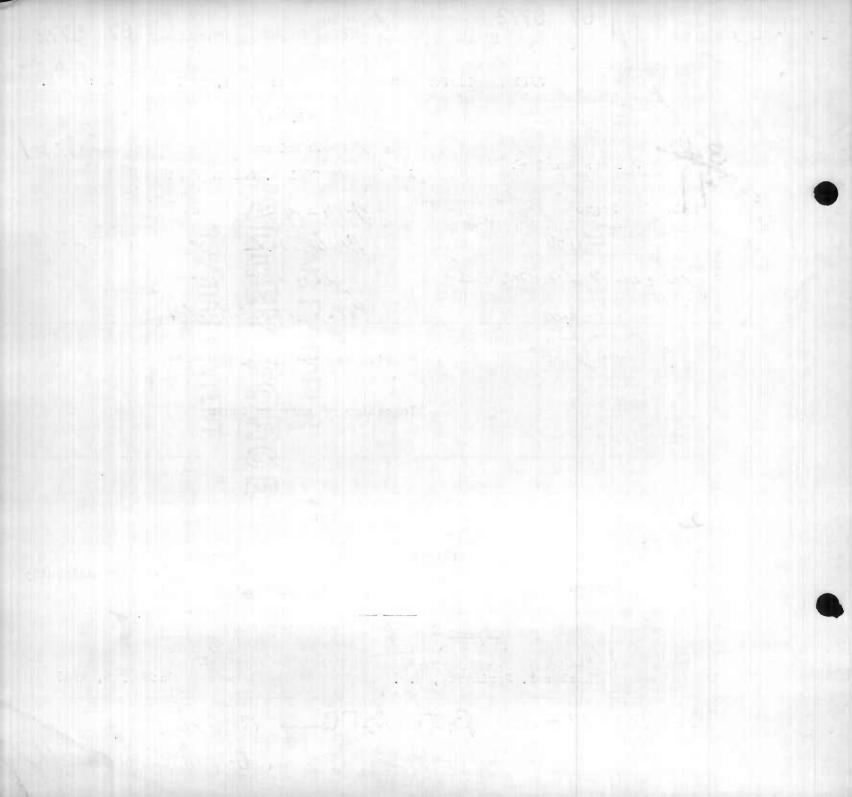


VS 151-REV. 1/1/65

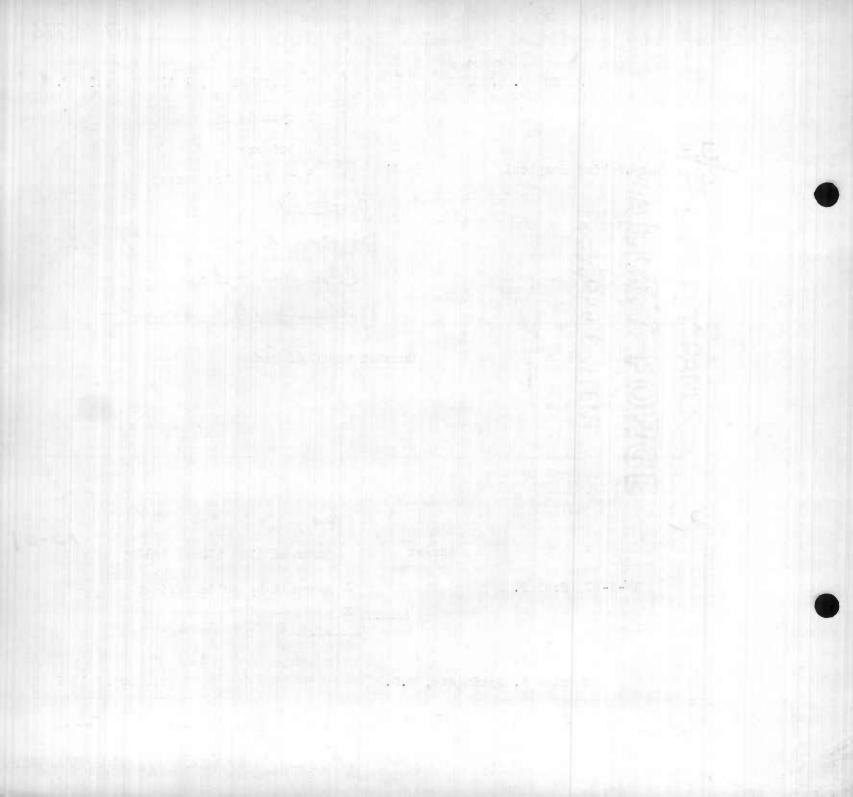
9772 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2, DATE AND HOUR PRONOUNCED DEAD 10:45 JASPER LARSON October 4, 1967 A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore (DOA) D. STREET ADDRESS (II rural, give location) Bon Secours Hospital 2003 W. Saratoga Street 9. AGE (In years lost birthdoy) If Under 1 Ys. If Under 24 Hrs. 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Months, Doys + Hours, Min. Male Negro 42 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working tife 13. FATHER'S NAME 6. SO CIAL ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? (e., no or unknown), (II yes, give wor or dotes of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEA ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Massive hepatocellular necrosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (B) Ingestion of unknown toxin ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) UTING CAUSE OF DEATH. Unknown Unknown 21F. HOW DID INJURY OCCUR? Presumably accidently 210 TIME 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) OF INJURY NOT WHILE WHILE AT Unknown ingested unknown toxin Autopsy X I certify that I held an Inquiry Inspection and that an this basis, death in my apinion Accident X Suicide Hamicide Undetermined manner resulted fram: Natural causes CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER XX SIGNATURE ASSOCIATE MEDICAL EXAMINER October 5, 1967 Charles S. Springate, M.D. EXAMINER'S NAME (Type) 23A, BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23 D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 24C. FUNERAL DIRECTOR ADDRESS 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR



	H NO.	ILAL EXAMINER 3	LEKTIFICATE OF I	JEA I II Kegistered No	
_	AME OF DECEASED	(uris)	2 DATE AN	D HOUR PRONOUNCED DE	AD
	JAMES	C. JACOBS	Octo	ber 4, 1967	5:30 P.
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution: B. COUNTY	residence befare admission)
		AL OR INSTITUTION, GIVE STREET	Maryland	d	
IN S.	SPITAL OR ADDRESS OR LOCA	A IION)			10-01
2	3		D. STREET ADDRESS (If rural,		1001
0	Johns Hopkins Hos	spital (DOA)	squith Street	
5. \$	EX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If U	nder 1 Yr. If Under 24 Hrs,
,	Male Negro	WIDOWED, DIVORCED (specify)	8-5-44	last birthdoyl Man	ths Days Hours Min.
	USUAL OCCUPATION (Give kind of world	KIOR WIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreig	gn country) 12. C	TIZEN OF
done	during most of working life, even if retired)		mottleweles	· / "	WHAT COUNTRY
13. F	ATHERS NAME	30 -011	14. MOTHER'S MAIDEN NAM	E A A	UZY
ii).	Will Organ	2	Claruse	- Shools	2
15. V	VAS DECEASED EVER IN U.S. ARMED	of FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	No	or selvices	Willem Jose	le Sern	-
	18. 5 9 4 X	CAU	SE OF DEATH		INTERVAL BETWEEN
1	DISEASE OR CONDITION DI	IRECTLY	1		ONJET AND DEATH
	(This does not mean the made of		shot wound of bac	K	
	heart failure, asthenia, etc. It means injury or complication which coused	s the disease,			100
	AUTEOPPEUT				
	DISEASES OR CONDITIONS, IF A	(R)		••••••	
	RISE TO THE ABOVE CAUSE (A) S'UNDERLYING CONDITION LAST.	TATING THE			75-6-1
z		(C)			
CERTIFICATION	- 11				
5	TO THE DEATH BUT NOT RE	LATED TO THE			
RTIF	DISEASE OR CONDITION CAUSING	O IT	20A AUTOPSY? (Yes or No)	20B, IF YES, WERE FINDING	S CONSIDERED
S	WAS PER		Yes	IN CERTIFYING CAUSES OF	DEATH?
×	21 A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g	, in or obout 21C. WHERE DID	(If in Baltimore City, give exo	ct location)
MEDICAL	UTING CAUSE OF DEATH.	etc.) street	office bldg, INJURY OCCUR? Rear of 1	200 block, Vall	ev Street
1 1	21D TIME (Manth) (Doy) (Yeo	or) (Hour) 21E. INJURY OCCURRE		INV OCCIUNA	
	OF INJURY (APPROX.) 10-4-67 5:0	05 P. WHILE AT NO	while X pursuit by	y polic _e officer	during
	22. I certify that I held on I		T	is bosis, death in my opl	
	resulted from: Natural co			Undetermined monner	
	$\sim 1 / 1$		CHIEF MEDICAL EX		
	ACTUAL SIGNATURE	N. Lal M	D. ASSISTANT MEDICAL EX		DATE SIGNED
	NAME (Type)	es S. Springate, M.D	. ASSOCIATE MEDICAL EX	XAMINER Octob	er 5, 1967
23A REA	BURIAL CREMATION, 23B DATE	23C. NAME OF CEMETER	or CREMATORY 23D. L	OCATION (City, town,	ar caunty) (Stote)
1	Burial Oct. 9	1,1967 MT. Can	vyny Cem. 6	1 Altimore	mil.
24A	DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	124C. FUNERAL DIRECTOR	The second	ADDRESS
	OCT 1 3 1967	P. D. F E. Faller	(5) m	1././-	B. IT. A
VS	151-REV. 1/1/65		John Strang O.	Marine 110	or miny No.



		Y HEALTH DEPARTMENT		67 977		
M.E. CASE NO.	9774 CERTIFICA	TE OF DEATH	Registered Na.			
I, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	1		
Melvin Thomas		Sen	t. 27, 1967	7 9:45		
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission		
		A. STATE B. COUN	111			
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)		C. CITY OR TOWN (If ou	artis - ria - Norta - ruis-	DIIDAI - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Provident Hospital,	Inc.		iside city limits, write	KORAL and give the ship?		
Q 1514 Division Street		D. STREET ADDRESS (If	rurol give location)	100		
Baltimore, Maryland 2	21217	Δ	100			
	MARRIED, NEVER MARRIED	2303 Avelon	9. AGE (In years	Till Made. 1 V. W Made. 24 b		
	WIDOWED, DIVORCED (specify)	0	lost birthdoy)	Months Doys Hours Min		
Male Negro	Separated	8-26-13	54			
OA, USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country#	12. CITIZEN OF WHAT COUNTRY?		
1-lon		Virginia		USA		
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	, 00:1		
1. h.		1.1	01			
5. Was Deceased Ever in U. S. Armed Forces?	14 500141	17. INFORMANT	rochuson	ADDRESS		
Yes, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	S	-	ADDRESS.		
MES) of ruett 1	en			
18.	CAUSE C	Perebral H.	1	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECT	n v	7 / 1/11	1	ONSET AND DEATH		
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) sto UNDERLYING CONDITION tast,	at a second					
OTHER SIGNIFICANT CONDITIONS CONTO						
DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208. IF YES. WERE	FINDINGS CONSIDERED		
WAS PERFORM			IN CERTIFYING C	AUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?				
2		016 110111				
Q 21D. TIME (Month) (Doy) (Yeor) (H		21F. HOW DID IN	JURY OCCUR?			
(APPROX.)	While At Work At Work					
22. I certify that (I) (this hospital) attended the deceased from 9-25-67 19 to 9-27-67 19						
that (I) (we) last saw the deceased a	0 00 /0			pinian death accurred an the		
				or and a second second second second		
and haur and from the causes stated	abave. (I) (we) (did) (did not)	view the bady after death.		23B. DATE SIGNED		
33.31010101	M.D. AH	tending Med.	Stoff -	The second second		
pellogue	Ph	ys. Director	Phys.	9-28-67		
23 C. PHYSTC AN'S NAME (Type)		23D. ADDRESS				
Gregorio Tengco	M.D.	151/ Division	n Street			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR			City, town, or county) (Stor		
REMOVAL (Specify)	noto	2n A	B. 18.	2. X		
(Mull 10-26)	12000 sper C	25% FUNERAL DIRECTO	need 11	ADDRESS		
25A. DATE RECOUNT HEALTH DEPT. 25B	NAME OF REGISTRAR	THE LINE DIRECTO	12	11 /		
JIOK	The state of the state of	MIGGILLULA	ne lon les	centry by		
VS 150-REV 1/1/65				,		



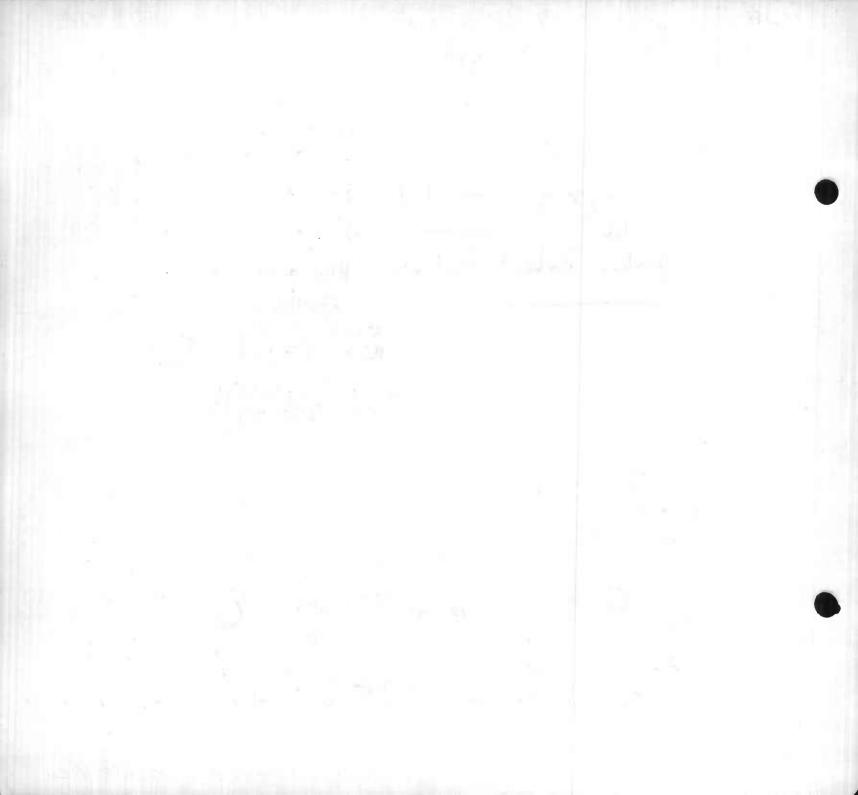
(
100
l
Į.
1100
ī
ŀ
1
L
l
l
ŀ
ŀ
ŀ
ı
ŀ
ı
ŀ
Į,
1
15.4
ı
L

FUNERAL DIRECTOR: IMPORTANT

	an belief	BALTIMORI	E CITY HEALTI	DEPARTMENT		OF OFFICE
BIRTH NO.	67	9775 CERTIF	ICATE C	F DEATH	Registered No	6/_9//5
M.E. CASE NO					ID HOUR OF DEATH	
(Type or Print)	- 11	. H 11 a. 1				
3. PLACE OF	COUS MA	RYLAND	I/4. USU	AL RESIDENCE (When	CTOBR 1	institution; residence before admission
			A, STAT			
FULL NAMI	OF (II not in hospital R address or location	or institution, give street		d'		X
INSTITUTION			c. CITY	0		RURAL and give township)
2.1C1	rurch Home	: ItespiTAl		SALTIMO		00/
	BALTIMORE				rurol, give location)	
					pring Co	
5. SEX	6. RACE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	B. DATE	OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., 1f Under 24 Hr Months Doys Hours Min.
M	NegRO		3 -	2-97	7/	
		10B, KIND OF BUSINESS OR IND	USTRY 11. BIRT	IPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
ione during most	ol working lile, even it retired)	7	1,11	so ho.	1	14 . 1 A .
3. FATHER'S N	AME	1	14 MO	HER'S MAIDEN NA	ME	00 00 00
	KNOWN			JKNOW 4		
5. Was Decea	sed Ever in U. S. Armed For wn)(II yes, give wor or date	s of source) SECTIONS NO	17. INFO			ADDRESS
	M	519-01-19	191 (]	in Tu	mille	Lauren
1B. 7	200	CAI	JSE OF DEATH	muc // C	Much	INTERVAL BETWEEN
DIST	ASE OR CONDITION DI	ECTI V				ONSET AND DEATH
Dist	LEADING TO DEATH	(ECTET	BAN	in- /4	men	neath
	nal mean the made of	a) ing, e.g.,	0			77.879 7-4
	e, asthenia, etc. It means amplication which caused					
injury ar v	ANTECEDENT CAUSES					
			· O			
	OR CONDITIONS, il the abave cause (A)					
	NG CONDITION last.					
	ii.					
	SNIFICANT CONDITIONS C					
E IO INE	DEATH BUT NOT RELA OR CONDITION CAUSING I					
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A.	AUTOPSY? (Yes or No		FINDINGS CONSIDERED
EO	WA3 1 EK	TORIVIED		no	III CERIII IIIIO C	AUSES OF BEATH:
OF CONTE	DENT WAS UNDERLYING	21B. PLACE OF INJURY home, form, loctory, st	(e.g., in or obou	21C. WHERE DID	(If in Boltimo	ore City, give exoct location)
	tify medical examiner	etc.)	icei, Onice orag.	INJURI OCCUR.		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRE	D	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY			ot While			
(APPROX.)			Work			
22. I cert	fy that (1) (this hospital) ottended the deceased from	9-	19	19 67 to 1	0-4 196
that (I) (v	e) last sow the decease	d olive on 10 - 3	/ 19	. 0		pinian death occurred on the do
23A, SIGN A		ted obove. (1) (We) (did) (did	nat) view the	body offer deoffi.		23B, DATE SIGNED
23A. 31GNA	0	2	Attending	Med.	Staff Comments	238. DATE SIGNED
Engin	higim b	ouzaga M.	Phys.	Director	Stoff Phys.	10-4-6/
23 COMYSIC	CIAN'S (Type)	00	23D. ADD	RESS		
EDI	RAIN BAL	ZTAGA	M.D.			
24A. BURIAL C	REMATION, 24B. DATE	24C. NAME of CEMETERY	OF CREMATORY	24D. L	OCATION (City, town, or county) (State)
REMOVA		012 110 01	/		Ma 140	
Durin	C W. 1,1	11. 1100	nw Cen		10	
25A. DATE REC		25B. NAME OF REGISTRAR		FUNERAL DIRECTOR	111	ADDRESS
	OCT 1 3 1967	Or Dre to E tarker	MA	Elnoy o	Wasan 1	1600 Browley one

4-21 60 81-6 EPHRAIN TARREAGA

RETH NO. 67-5755 D. GERTIFICATE OF DEATH Registered No. 67 STACE OF DEATH Registere		BALTIMORE CITY HEALTH DEPARTMENT
NAME OF DECEASED 2. DATE AND HOUR OF DEATH 1. DATE OF DEATH 1.		
3. SEE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart leilure, ostherial, etc. it meens the disease, injury or complication which coused death, injury or complication which coused death, injury or complication was placed at the property of th	1.1	IAMA OF DECEASED
MOSTITAL OR INSTITUTION oddress or locotion) C. CITT OF TOWN (It outside city limits, write RURAL and give lownship) D. STREET ADDRESS (II ryad, give locotion) D. STREET ADDRESS (III ryad, give loco	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND [4, USUAL RESIDENCE (Where deceased lived, If institution; lesidence before admission
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years) 10. USUAL OCCUPATION (Gyk kind of work 108, KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITYEN OF WHAT COUNTRY 1. AMOTHER'S, MAIDEN NAME 1. MOTHER'S, MAIDEN NAME 1.		HOSPITAL OR address or location)
S. SEX O. RACE 7. MARRIED NEVER MARRIED	2	
MIDOWED, DIVORCED (specify) AND USUAL OCCUPATION (Giyle kind of work) (DB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) To compare of working life, evan di relired) 13. FATHER'S NAME 14. MOTHER'S, MADEN NAME 15. Wes Declared Ever in U. S. Armed Forces? (No. 1) 15. Wes Declared Ever in U. S. Armed Forces? (No. 1) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS CAUSE OF DEATH (This does nal meen the made of dying, e.g., heard failure, asthenio, etc., lit meens the disease, injury or complication which coused death). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise lo line above cause (A) sloling lihe UNDERLYING CONDITION last. 10. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 12. ALL COUNTRY (Very or No. 1) 13. ALL COUNTRY (Very or No. 1) 14. MOTHER'S, MADEN NAME CAUSE OF DEATH (A) DUE TO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 15. Was Declared to the down cause (A) sloling lihe UNDERLYING CONDITION CAUSING IT. 16. DISEASE OR CONDITION CAUSING IT. 17. INFORMANT CAUSE OF DEATH ONE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 16. DISEASE OR CONDITION CAUSING IT. 17. INFORMANT CAUSE OF DEATH CAUSE	5. 5	
ADDRESS 1. MOTHER'S, MAIDEN NAME 1. MOTHER'		F Nesgo - WIDOWED, DIVORCED (specify) 8-8-67 last birthdays Ann. Months Doys Haurs Min.
18. O		
18. OLISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., head failure, asthenio, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSE DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stoling the UNDERLYING CONDITION LOSSING IT. 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 12 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 13 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 14 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 15 PA. DATE OF OPERATION TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 16 SOCIAL SECURITY NO. 17 INFORMANT CAUSE OF DEATH (A) CAUSE OF DEATH (A) DUE TO SALLY (B) DUE TO SALLY (C) SALLY (A) DUE TO SALLY (A) DUE TO SALLY (A) DUE TO SALLY (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 17 INFORMANT (A) DUE TO SALLY (B) SALLY (A) DUE TO SALLY (B) SALLY (A) SECURITY NO. (A) DUE TO SALLY (B) SALLY (A) SECURITY NO. SALLY (A) SALLY SECURITY NO. SALLY SALLY SECURITY NO. SALLY SAL	13.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart folium, asthenio, etc. II meens the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (B) OTHER SIGNIFICANT CONDITION Solving the UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT. 10 OTHER SIGNIFICANT CONDITION To SING IT. 11 OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 12 21A. ACCIDENT WAS UNDERLYING CONSIDERED OR CONTRIBUTING TO THE DISEASE OR CONDITION CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in ar about 21C, WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? 21C. WHERE DID INJURY (Approx.) While At Work At Work While At Work While At Work Not While Cause of DEATH INTERVAL BETWEEN ONSET AND DEATH ON	15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the disease cause (A) stoting the UNDERLYING CONDITION lost. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION AUSING IT OT THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION AUSING IT OT THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONTRIBUTION TO		7Ather -
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. II means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the daw cause (A) stoling the UNDERLYING CONDITION last. **Note: The death but not related to the Disease or Conditions Contributing to the Disease or Condition Causing it. 19. **A Coldent was underlying to the Disease or Conditions Contributing to the Conditions Contributing to the Disease or Conditions Contributing to the Disease or Conditions Contributing to the Conditions Contributing to the Conditions Contribution Contributions Contribut	V	ONSET AND DEATH
Heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING OR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Work At Work While At Work Not While Cause of Contributing Cause of Cause of Contributing Cause of		LEADING TO DEATH (A) MOGES DEMANDAL' on - Shell 13 hrs.
DISEASES OR CONDITIONS, if ony, giving rise la line abave cause (A) sloling line UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING Ause of DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED While At Work At Work At Work		heart failure, asthenio, etc. 11 meons the disease,
Tise Ia The abave cause (A) sloting The UNDERLYING CONDITION Iast. 1		DUE TO // CO// 1 CO//
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID or CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury OCCUR? etc.) 21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work At Wor		rise la lhe abave cause (A) sloting the (C)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID or CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury OCCUR? etc.) 21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work At Wor	ATION	TO THE DEATH BUT NOT RELATED TO THE
27A. A CCIDENT WAS UNDERLYING CAUSE OF CAUSE OF CONTRIBUTING CONTRIBUTING	RTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes or No.) 20B. IF YES WERE FINDINGS CONSIDERED
21D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED Vinite At Work 21F. HOW DID INJURY OCCUR?	AL C	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bldg., INJURY OCCUR?
Work At Work	ā	OF INJURY
		Work At Work
that (1) (we) lost saw the deceosed clive on 10-10 19 ond that (n(my) (our) apinion death occurred on the do		and haur and fram the causes stated above. (I) (We) (did) (did not) view the body after death.
		23A. SIGNATURE 23B. DATE SIGNED (1) (A) (A)
and haur and fram the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED		
and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Stoff Med. Director Phys. (10-10-6)		SAM M. Le Baver M.D. S. nai Hosp: tal Bot. Mi
and haur and fram the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Stoff Director Phys. 23C. PHYSICIAN'S NAME (Tyge) 10 - 10 - 0	24/	A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
and haur and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE BANK M.D. Attending Med. Staff Phys. Director Phys. (Director Phys. Director Phys. Director Phys. (Signed Phys. Darke (Type) M.D. SAM	25/	Blund 10-13-64 PAULO MY CON EULO MY ADDRESS ADDRESS
and haur and fram the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 24D. LOCATION 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, a) county) 24D. LOCATION (City, town, a) county) (State)		Elloulle iber 1000 Brencht ac
and haur and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 24D. LOCATION 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 24D. LOCATION (City, to wn, at sounty) (State) 24D. LOCATION (City, to wn, at sounty)	VS	150-REV. 1/1/65



IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

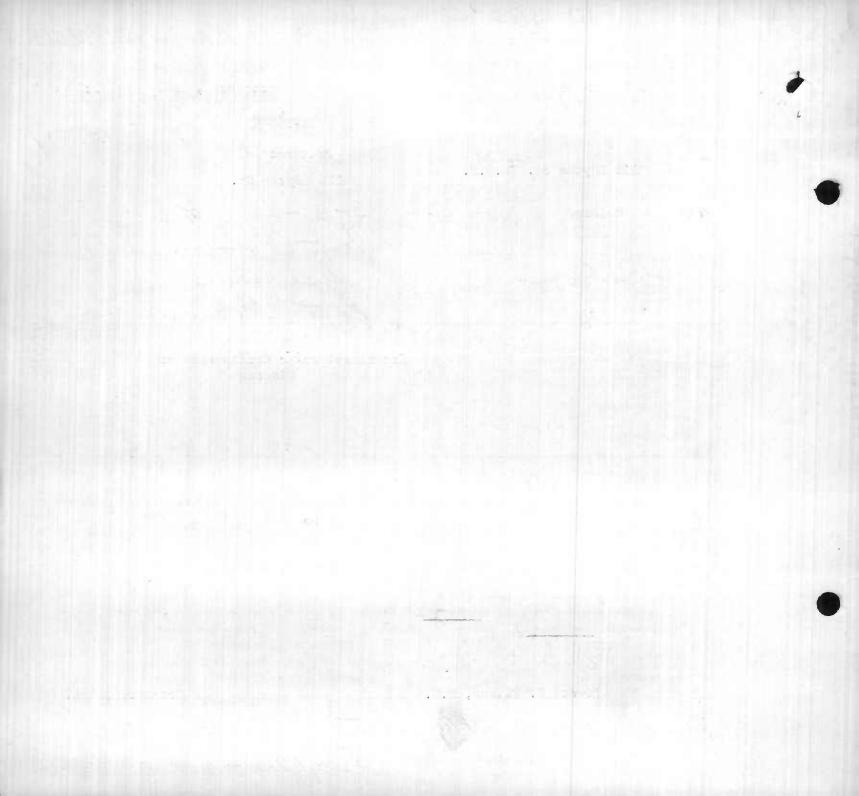
YES

VS 151-REV, 1/1/65

Elry o Wilson 70,

67 9779 BALTIMORE CITY HEALTH DEPARTMENT

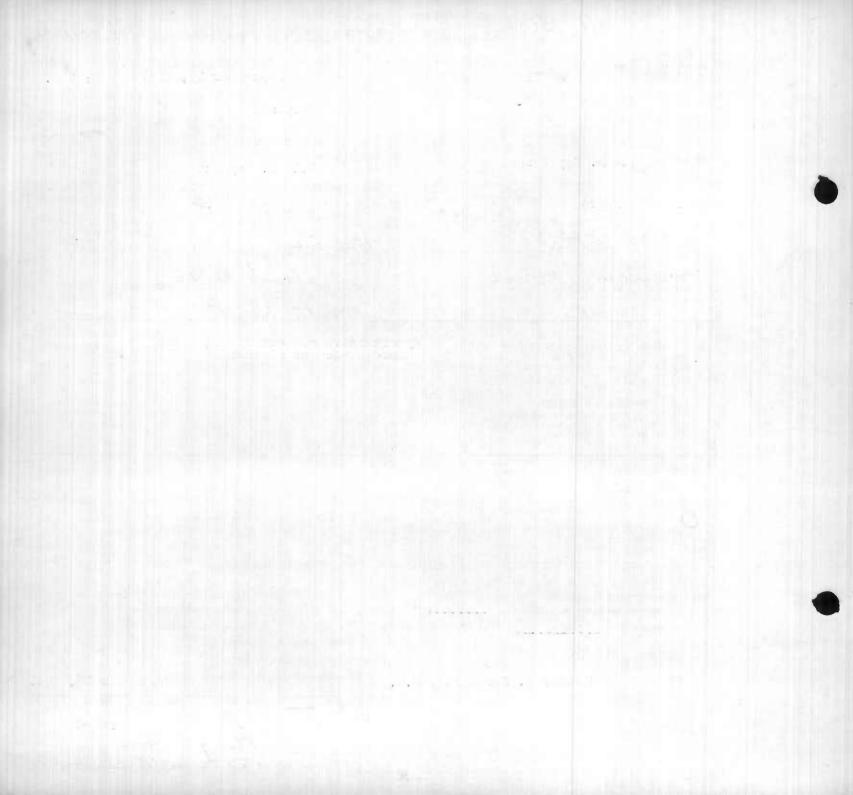
BIRTH NO.	MED	DICAL EX	CAMINER'S C	ERTIFICAT	E OF	DEATH Registe	ered National States
M.E. CASE NO.							
1. NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
Crype or time	JOHN THOMAS				Oct	ober 6, 196	7 5:30 a M.
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	A. STATE	EN CE (Where	deceosed lived. If inst B. COL	titution: residence before admission JNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	ITION, GIVE STREET	C. CITY OR TO	aryland	de corporote limits, write	e RURAL ond give lownship)
00				D. STREET ADD	timore	give location)	0 -/
00	1226 Edythe	St. D.0	.A.		Edythe		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In yeors	If Under 1 Yr, If Under 24 Hrs
Molo	Colomod	WIDO WED, I	DIVORCED (specify)	B-11-	- 101	lost birthday)	Months Doys Hours Min.
Male	Colored	OF KIND OF	BUSINESS OR INDUSTR	Y 11 BIRTHPLACE	State or love	an country)	12. CITIZEN OF
	working lite, even if retired		DOSINESS ON INCOSTR	1. 1	40		WHAT COUNTRY?
13. FATHER'S, NA	AAF m			Liguel	AIDEN NAM	olince	NSI
	-10			S. MOTHER W	AIDEN NAM	2	
147	Tey toon	nho	N 60 6141	sik	ua	me	ADDRES
(Yes, no or unknow	ED EYER IN U.S. ARMI	ites of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	4	11	ADDRESS
	k/)			Estell	u Is	romen -	Servel
1B. // 0	0 /		CAUSI	OF DEATH			INTERVAL BETWEEN
DISE	ASE OR CONDITION (DIRECTI V					ONSET AND DEATH
	LEADING TO DEAT	TH	(A) Art	erioscler	otic Ca	rdiovascular	r
(This does	not meen the mode	of dying, e.g.,	DUE TO		Disea	se	
injury or co	e, asthenia, etc. It mea amplication which coused	d deoth.)					
	ANTECEDENT CAUS	ES					
	OR CONDITIONS, IF		DUE TO				
	HE ABOVE CAUSE (A) ING CONDITION LAST						
Z			(C)	00000000000000000000000000000000000000			
Ĕ	11						
	ONIFICANT CONDITION DEATH BUT NOT F						
DISEASE O	OR CONDITION CAUSIN			*******************************			
19A. DATE O		INDITION FOR VERFORMED	WHICH OPERATION			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21 A EXTERN	AL CAUSE WAS	210	PLACE OF INJURY (e.g.,	No.		(If in Rolliman City at	ive annual function)
O UNDERLYING	OR CONTRIB-	home	, form, foctory, street,	office bldg., INJURY	OCCUR?	tir in boltimore City, gi	ve exect toconon/
D IING CA	USE OF DEATH.	etc.)					
21 D TIME OF INJURY	(Month) (Doy) (Ye	eor) (Hour) 2	1E. INJURY OCCURRED	21 F. H	THI DID MC	URY OCCUR?	
(APPROX.)			VHILE AT NOT	WHILE			
22.	The state of the s						
ce	rtify that I held an	Inquiry L	Inspection X Au	tapsy and	that on th	is basis, death in m	my apinlan
resu	Ited from: Natural c	ouses X A	ccident Suicle	le Homici	de	Undetermined mann	er
	771	1/1		CHIEF M	EDICAL EX	KAMINER	DATE SIGNED
SIGNA		1 +1	WILSON	ASSISTANT M	EDICAL EX	XAMINER X	DATE SIGNED
EXAMI	•		MoD	ASSOCIATE M	EDICAL E	XAMINER	
NAME		F. Wilso	on. M.D.	ACCOUNT E III	LDIONE -	_	tober_6, 1967
23A. BURIAL CR	EMATION, 23B, DATE		C. NAME OF CEMETERY	OF CREMATORY	23 D. 1		, town, or county) (State)
REMOVAL (Speci	ty)	10	makal	1-	1	3.11	~ 1
SUM C	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DISTA	new	and the second
ATO. DATE RECT	JCT 1 3 1967		E. Farbuma	Z4C. FUNEK	AL DIRECTOR		ADDK533
	TO 100/	Violent	E, Vandey MA	Die	Alle	bon work	Men Hough
VS 151-REV. 1/1	/65		. ,	- evy	04/10	1000	and the



BIRTH NO.

7 9780 MEDICAL	BALTIMORE CITY HEALTH DEPARTMENT EXAMINER'S CERTIFICATE OF	DEATH Registered No.
	2 DATE	AND HOUR PRONOUNCED DEAD

1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCES	
(Type or Print) JOSEPH BROWN September 26, 19	067 10:02 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institu-	ution: residence before odmissian) NTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore	RURAL ond give township)
1414 N. Gay Street D. STREET ADDRESS (If rural, give location) 1414 N. Gay Street	001
Male Negro 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost bindry)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even it retired. Bullimore Mellimore	12. CITIZEN OF WHAT COUNTRY
Ferry E. Brown Dephus Wheeler	
15. WAS DECEASED/EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (I yes, give war ar dates of service) WES 16. SOCIAL SECURITY NO.	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying e.g., head failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ONSET AND DEATH
OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN WAS PERFORMED	IDINGS CONSIDERED
	ES OF DEATH?
218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Boltimore City, give home, form, factory, street, office bldg., INJURY OCCUR?	e exact lacation)
21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
1 certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my resulted from: Notural causes Accident Suicide Homicide Undetermined monner	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, REMOVAL (Specify) 9-24-67 Pulle Dat Cent Bulto 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR O. W. OCT 13 1967 Polyab E. Fully 1000 Bruntley Re 1000	ADDRESS Blanky he



IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

M. M. Maria 27231 A Marylands est. 15-5-69 Thisse so Tosom RICHARD W. TUASCH CHERCES HOME & HOSPI IL

1	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be the body was released shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must b

BIRTH NO.	67	4787	ATE OF DEATH	Registered No	67 9782	
M.E. CASE NO.	CEASED	CERTITIES		AND HOUR OF DEAT		
Type or Print)	William Wall	200				
	EATH IN BALTIMORE MA		II4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before odmiss	
		A. STATE B. COL	JNTY			
FULL NAME		or institution, give street	lang_and 1			
HOSPITAL OR	oddress or location	17			e RURAL and give township)	
- IOHN	S HOPKINS HOS	PITAL	Daltimor		100	
33000	3 HUFKINS HUS	PIIAL		tf rurol, give location)		
			705 Bast C	mase Street		
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi	
A. USUAL OC	CUPATION (Give kind of work	10B, KIND OF BUSINESS OR INDUSTR		preign country)	12. CITIZEN OF	
	of working life, even if retired)				WHAT COUNTRY?	
64"	dot attadt.	Parising Lot	Marylan		ALTERNATION AND CO.	
FATHER'S NA	AME	. / .	14. MOTHER'S MAIDEN N			
10/	Illian H	. Wallace	SAdie	BANN	22	
. Wos Decrose	ed Ever in U. S. Armed For		17. INFORMANT		ADDRESS	
es, no or unknov	vn) (If yes, give wor or dote	s of service) SECURITY NO.	12th R	1		
	NO	120 -46-9418	Mely 100	ock		
18. 0 5	7,/1		OF DEATH		ONSET AND DEATH	
DISE	ASE OR CONDITION DIR	RECTLY				
(Th:	LEADING TO DEATH	(A)	tic Closs		11 701110	
	not meon the mode of a asthenia, etc. It means	dying, e.g., DUE TO the disease,				
injury or co	implication which caused	death.)	nata mak		1 2	
	ANTECEDENT CAUSES	(B)				
DISEASES	ANTECEDENT CAUSES (B) Capala - proh. noningococc death.) DISEASES OR CONDITIONS, if ony, giving					
rise to t	rise to the obove cause (A) stoting the (C) UNDERLYING CONDITION last.					
ONDEKLIIP	AG CONDITION TOST,					
I TO THE	NIFICANT CONDITIONS CODEATH BUT NOT RELA		ration pneumo	mitis	17 hours	
	R CONDITION CAUSING I	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES. WER	E FINDINGS CONSIDERED	
19A. DATE C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FILL IN CERTIFYING CAU:					
21A, ACCID	ENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	1	ore City, give exact facation)	
, OR CONTRI	BUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?			
)			21F. HOW DID I	NULLEY COLUMN		
OF INJURY	(Month) (Doy) (Year)	While At Not Wh		NJURT OCCUR?		
(APPROX.)		While At Work At Work				
	y that (I) (this hospital) attended the deceased fram		19 <u>67</u> ta <u>66</u>	50100 0 1957	
		ed alive an Octohor C.				
23A. SIGNAT		red abave. (1) (We) (did) (did nat)	view the bady after death	n. /	220 DATE SICALED	
Zom. SIGNA		11/1/11/11/11	ttending Med.	Stoff	238. DATE SIGNED	
	Willed	M.D. A	nys. Director	Phys.	10/0/67	
23C. PHYSIC NAME		1/23	23D. ADDRESS		V III TO THE WAY	
NAME	(Type) David J	. /Shan	Toins Topitin	s Hospita	1, Baltimore	
4A. BUPIAL CE	REMATION, 248, DATE	24C. NAME of CEMETERY OF C				
REMOVAL	(Specify)	0 10 1	240.	LOCATION	(City, town, or county) (Sto	
Benn	al 10-11-6	7 mt Caracy	and	Burke	your Mex	
SA. DATE REC	O BYTHEALTH DEPT.	258 NAME OF REGISTRAL	250 UNERAL DIRECT	Personal Property	ADDRESS	
	1001 0	Lower C. Tankey Mil	Elion Milas	RES IMPI	menterale	
'S 150-REV. 1/1	1/6\$	1 1 1 1	100000	1000	- will	



1,1	E. CASE NO. NAME OF DECEASED Pe or Print) Lothin Block	ATE OF DEATH Registered No. 2. DATE AND HOUR OF, DEATH	h 101-7
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE 8. COUNTY	nstitution: residence befo
	FULL NAME DF (If not in hospital or institution, give street	mareline &	
	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN A outside city limits, write	RURAL ond give towns
1	01912/somework as	Baltimo	9.
) 0 1912 130 million CC 1-	D. STREET ADDRESS (If rurol, give location)	1.
-	A DA OF OR DESIGNATION OF THE PROPERTY OF THE	1912 Somewood	lue
5.	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	8. DATE OF BIRTH 9. AGE (in years lost birthday)	Months Doys Hou
10	MULL MISUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State or loreign country)	12. CITIZEN OF
	to during most of working life, even if retired)	The blank and the state of loreign country,	WHAT COUNTR
30) touswill	Haylantle A Caulier	118/1
13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME	
	True Walkens	Mary Huston	
(Y)	Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO	Laura Mar Trame	Som
	IB. 332XI	OF DEATH	INTERVAL B
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ola Petra la	- (0.
	(This does not mean the mode of dying, e.g., DUE TD	media or accept	20 0000
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	1 - 1	7
	ANTECEDENT CAUSES (B)	y Williamon	
	DISEASES OR CONDITIONS, if any, giving		
	rise to the obove cause (A) stating the (C)	***************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	11		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
AT	DISEASE DR CONDITION CAUSING IT.		
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltima	re City, give exact locat
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, lorm, factory, street, etc.)	office bldg., INJURY OCCUR?	,, ,
0	21D. TIME (Month) (Day) (Year) (Hour) 21E IN HIPY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	OF INJURY While At Not Wi	hite	
	Work L At Wor	10 10 6	at 1
	22. I certify that (1) (this hospital) attended the deceased from	1)30/14 1966 10 0	CLIL
	that (I) (we) last saw the deceased alive an		inian death accurred
	and hour and from the causes stated above. (I) (#6) (did) (did not)	view the bady after death.	SOOD DATE SIGNED
	M.D. A	ttending Med. Stoll	23B. DATE SIGNED
	23C. PHYSICIAN'S	23D. ADDRESS	110109
	NAME (Type)		
2.4	M.C		
44	A. BURIAL CREMATION, REMOVAL (Specify). 248. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (C	City, town, or county)
25	A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	Cell Jane	mix
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRES
23	OCT 13 1967 P. O. F. E. Farluna	80. 6111.	



GALLE VS - HARLEY BY DELAS

JATITZOH WARSHTUJ

BLACK FLIAM TE HAMTLESS FORI

Lasoneria

CEREBRAL WEND BRUACE DAYS

CHARLOGAL ARTERNACIEMUU YEAKS

AAAROOD,A

10/2/67

AUTHERRAL MOSPITAL

OF OTRICATE OF DEATH Registered No. 67 97	25				
CERTIFICATE OF DEATH	00				
M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH					
Type of Printil Herbert H. Carmady October 12,1967 2 A.	M. ~				
PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before the control of the control	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address at lacotion) INSTITUTION WATTI AND (If not in hospital or institution, give street INSTITUTION (If autside city limits, write RURAL and give towns)	C. CITY OR TOWN (If outside city limits, write RURAL and give towaship)				
Baltimore D. STREET ADDRESS (If rurol, give location)	-01				
623 E. 38th St. D. STREET ADDRESS (Il rurol, give locotion) 623 E. 38th St.					
	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.				
M WIDOWED, DIVORCED (specify) Married 9/8/1880 lost birthday Months Doys Hou					
12. CITIZEN OF WHAT COUNTS	łY?				
Stationary Engineer - Hospital Balto. Co., Md. U.S.A.					
FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Unknown Unknown					
is. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.					
No 216-07-5684 Mrs. Evelyn M. Carmady (Sam	(a				
18. CAUSE OF DEATH INTERVAL B					
DISEASE OR CONDITION DIRECTLY	DEATH				
LEADING TO DEATH Arteriosclerotic cardio- 15 yrs	•				
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,					
injury or complication which coused death.)					
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, if any, giving					
rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION NO 10B IN CERTIFYING CAUSES OF DEATH?	D				
J 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact loca	tion)				
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.) While At Work At Work					
Work At Work	10 67				
	19.07				
that (I) (we) lost sow the deceased alive on October 11, 19 67 and that in (my) (eut) opinion death occurred	on the do				
and haur and from the causes stated above. (1) (#e) (did) (did not) view the body after death.					
23B. DATE SIGNED					
Atlending Med. Stoff Phys. Oct. 12,	1967				
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS					
Lloyd E. Saylor M.D. 3902 Greenmount Ave.					
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)	(Stote)				
	3.6.3				
Burial - 40/14/67 Hereford Baptist Church Baltimore County. 5A. DATE RECORP HEALTH DEED 25E. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRES	Md,				
H.W. Jenkins & Sons Co. 4905 Y					
150-REV. 1/1/65	Md.				

Though & Sangles

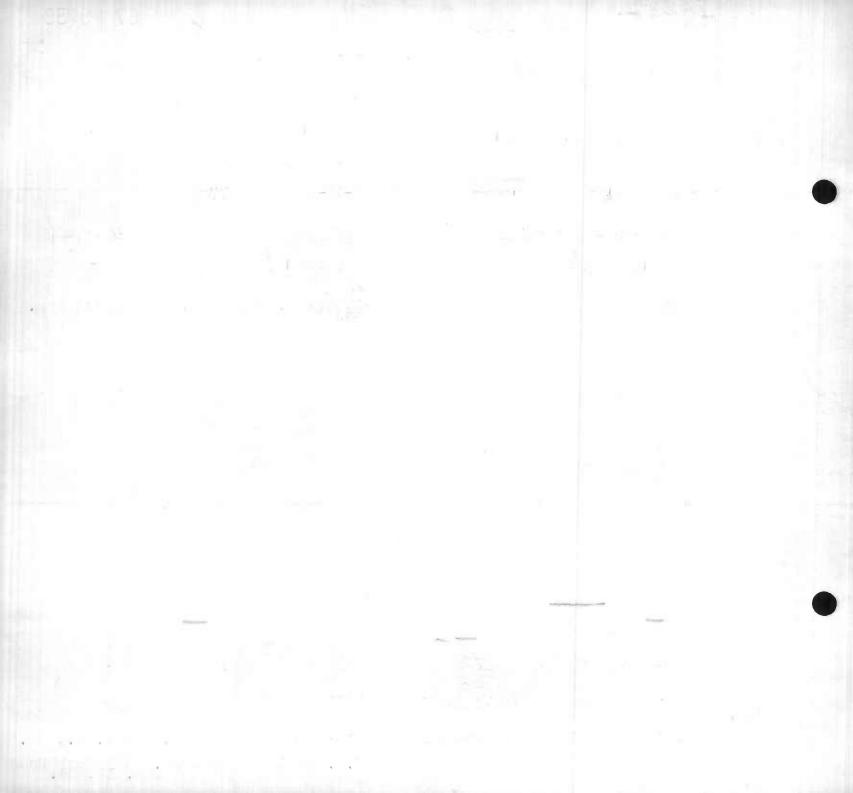
C-63	6	0125	BALTIMORE CITY	HEALTH DE	PARTMENT		67	9786	
BIRTH NO.	6/	978	CERTIFICA	TE OF	DEATH	Registered No		0700	
M.E. CASE NO.	CEASED					D HOUR OF DEAT	Н		
(Type or Print)	Jame	s Ches	ter Crother	S		ber 12,		8	A
3. PLACE OF DE	EATH IN BALTIMORE, MA		010101	4. USUAL RE	SIDENCE (Whe	re deceased lived. If	institution; resid	dence before od	mission)
				A. STATE	8, COUN	IIY			
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)			Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
INSTITUTION							14	-01	
40	Bolton Hil	l Nurs	ing Home	D. STREET A	ltimore DDRESS (IF	rurol, give location)	17		
				Bo.	lton Hi	11 Nursi	ng Home	•	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8, DATE OF 8		9. AGE (In years	If Under 1 Months: De	Yr. , If Under	
M	W		or Married	9/1/1	882	lost birthdoyl	Monm's: De	oys Hours	Min.
	CUPATION (Give kind of work				CE (State or fore		12. CITIZEN	V OF	
	f working life, even if retired) Military in a part	Dno	abutanian	Pol+	imono	MA		COUNTRY?	
3. FATHER'S NA	Missionary	- 11.9	sbyterian Church		imore,		U.	S.A.	
	Crothers		OTTOT OTT						
					aide Ki				
 Was Deceose Yes, no or unknow 	nd Ever in U.S. Armed Form	ces? s of service)	SECURITY NO.	17. INFORMA	NT	44	Ol Rolâ	nd Ave	
No			214-12-2130	Mrs.	Kathari	ne A. Cro			
18. p.f.	0.0 N DX	04	CAUSE O	1			IN:	TERVAL BETWE	
DISEA	ASE OR CONDITION DIR	ECTLY	1.	6	1 . 4. 1	1 +0.0		SET AND DE	ATH
	LEADING TO DEATH		(A) UY	waso	ente	fort 1)1se	ear (in Kur	
	not mean the mode of , osthenio, etc. It means								
injury or co	mplication which coused	deolh.)							
	ANTECEDENT CAUSES		DUE TO		ita direkenimia ata aur tur au dia niterda nite tanta-nia alerdirekenimiana que nye				100000000000000000000000000000000000000
	OR CONDITIONS, if								
	he obove couse (A) IG CONDITION lost,	sloling the	(C)						
	11		5		10 11	. 1			
OTHER SIGN	IFICANT CONDITIONS C			reta	Moll	(trus)		Lycor	
	DEATH BUT NOT RELA R CONDITION CAUSING I		E 2 -5 V					0	
19A. DATE O	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTO	PSY? (Yes or No	208. IF YES, WER	E FINDINGS CO	ONSIDERED	
E ()					NO				
OR CONTRIB	ENT WAS UNDERLYING DEBUTING CAUSE OF (y medical examiner)	21 B hon etc.	LPLACE OF INJURY (e.g., in ne, farm, factory, street, of)	fice bldg., INJU	WHERE DID JRY OCCUR?	(If in Boltim	ore City, give e	exoct locotion)	
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?			
OF INJURY			ile At Not Whil	е					
		Wo		June		1066	2-1-		1-
	y that (I) (thio-hospital		(P.) - E	0	¬				57.
	e) lost sow the decease		8	19 6	,	at in (my) (pinion deoth	occurred on	the dote
	nd from the couses stat	ed obove. (l) (We) (did) (did not) v	iew the body	ofter deoth.				
23A. SIGNAT	URE of		00				23B. DATE	1 -	
,,,	erin rx	vang	M.D. Alle	ending s.	Med. Director	Phys.	101	1367	
23C. PHYSICI		0		23D. ADDRESS					
TANKE !	Martin L.	Singe	wald M.D.	11	E. Chas	e St.			
	EMATION, 248. DATE		AME of CEMETERY of CRI				City, town, or o	county)	(Stote)
REMOVAL	1-1-1	,_							
Burial	D BY HEALTH DEPT.	67 G	reenmount	250 51111	Ba.	ltimore		ADDRESS	•
OCT :	1 3 1967 (0		OF REGISTRAR	H.W	FRAL DIRECTOR Jenkins	& Sons	0. 490	5 York	Rd.
001	- 0 1001 UBOR	7 70					ilto 12		
VS 150-REV. 1/1.	/65			9"	100			3	

Laterage steel transfer interpretation 2 ob 1110M paper T The state of the same of the s

ype or Print)		nce Gilbert Paqu	in Octobe	er 12.196	57 1/2:15 9		
PLACE OF D	EATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where	deceased lived. If	institution; residence before admissi-		
FULL NAME HOSPITAL O INSTITUTION		or institution, give street)	Maryland c. cin ok town (If outs Baltimore		RURAL ond give township)		
1303 Southview Road			D. STREET ADDRESS (If rurol, give locotion) 1303 Southview Road				
SEX	6. RACE	7, MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. , If Under 24 H		
M	W	Married (specify)	6/9/1912	ost_birthdoyl	Months Doys Hours Min,		
		10B, KIND OF BUSINESS OR INDUST		in country)	12. CITIZEN OF		
-	of working life, even if retired)	Dept. of Educati	on Lohanon M	u	WHAT COUNTRY?		
S. FATHER'S N		bept. of Educati	14. MOTHER'S MAIDEN NAM		U.S.A.		
	7 Paquin						
			Mary Cahil:	±			
es, no or unkno	ed Ever in U. S. Armed Force on)(If yes, give war or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Yes	WWII	148-14-6918	Mrs.Mary F	Paguin	(Same)		
18./ 5) A 1		OF DEATH	+ redeemen	INTERVAL BETWEEN		
DISE	ASE OR CONDITION DIR	ECTLY		,	ONSET AND DEATH		
	LEADING TO DEATH	(1)	creinoma of	colon	5 months		
(This does		duine on Blue TO					
	not meon the made af						
heart foilur	e, asthenia, etc. II means	the disease,					
heart foilur	e, asthenia, etc. II means amplication which coused	the disease, death.)					
heort foilur injury ar c	e, asthenia, etc. II means amplication which coused ANTECEDENT CAUSES	the disease, death,) (B)		***************************************			
heart foilur injury ar c	e, asthenia, etc. II means amplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, if a	the disease, death,) (B) DUE TO		***************************************			
heart failur injury ar c DISEASES rise lo	e, asthenia, etc. II means amplication which coused ANTECEDENT CAUSES	the disease, death,) (B) DUE TO					
heart failur injury ar c DISEASES rise lo	e, asthemia, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the above cause (A)	the disease, death,) (B) DUE TO					
DISEASES irise to UNDERLYII	e, asthemia, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the obave cause (A) NG CONDITION lost. II NIFICANT CONDITIONS COUNTIONS COUNTIONS COUNTIONS COUNTIONS COUNTING TELANT BUT NOT RELANT BUT NOT RELANT COUNTINE COUNT	the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TEO TO THE					
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE CO 19.4. DATE	e, astheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the obave cause (A) NG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION RELAR CONDITION CAUSING 13	the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TEO TO THE					
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE CO 19.4. DATE	e, astheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the obave cause (A) NG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION RELAR CONDITION CAUSING 13	the disease, death,) (B) DUE TO INY, giving stating the (C) ONTRIBUTING TEO TO THE INTERPOLATION	20 A. AUTOPSY? (Yes or No)				
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE CO 19 A. DATE	e, astheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a line obave cause (A) NG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITIONS CAUSING II OF OPERATION 198. CONI WAS PERF	the disease, death,) (B) DUE TO INY, giving stating the (C) ONTRIBUTING TEO TO THE (C) OTHER (C) ORMED	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING C			
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE O 19A.DATE	e, asheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a condition lost. II CONDITION ISST. II CONDITION SCI. PARTIE ON TREATION TO THE CONDITION CAUSING IT OF OPERATION TO THE CONDITION CAUSING IT OF OPERATION TO THE CONDITION CAUSING TO THE CAUSING	the disease, death,) (B) DUE TO INY, giving stating the (C) ONTRIBUTING TEO TO THE (C) OTHER (C) ORMED	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE CI 19 A. DATE OR CONTRI DEATH (not	e, astheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the obave cause (A) NG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITIONS CAUSING II DE OPERATION 198. CONDITION CAUSING II DE OPERATION 198. CONDITION CAUSING II DE OPERATION 198. CONDITIONS CONDITIONS CAUSING II DE OPERATION 198. CONDITIONS CONDITIONS CONDITIONS CONDITIONS CAUSE OF IT WAS UNDERLYING BUTING CAUSE OF IT MEDICAL CAUSE OF IT MED	the disease, death,) (B) DUE TO INY, giving stating the (C) ONTRIBUTING TO TO THE TO TO THE TO TO THE TO TO THE TO THE TO TO THE TO	20 A. AUTOPSY? (Yes or No) "in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
DISEASES rise lo UNDERLYI OTHER SIG TO THE OISEASE C 19 A. DATE OR CONTRI DEATH (not	e, asheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a condition lost. II CONDITION ISST. II CONDITION SCI. PARTIE ON TREATION TO THE CONDITION CAUSING IT OF OPERATION TO THE CONDITION CAUSING IT OF OPERATION TO THE CONDITION CAUSING TO THE CAUSING	the disease, death,) (B) DUE TO INY, giving stating the (C) ONTRIBUTING TO THE INDITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED	20 A. AUTOPSY? (Yes or No) "in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
DISEASES rise lo UNDERLYI OTHER SIG TO THE OISEASE CI 19A. DATE OR CONTRI DEATH (not	e, astheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the abave cause (A) NG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITIONS CAUSING II DE OPERATION 198. CONDITION CAUSING II DE OPERATION 198. CONDITION CAUSING II DE OPERATION 198. CONDITIONS CONDITIONS CAUSING II DE OPERATION 198. CONDITIONS CAUSE OF II DE OPERATION 199. CAUSE OF II DE OPER	the disease, death,) (B) DUE TO INY, giving stating the (C) ONTRIBUTING TO TO THE TO TO THE TO TO THE TO TO THE TO THE TO TO THE TO	20A. AUTOPSY? (Yes or No) "in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE CO 19 A. DATE OR CONTRI DEATH (not) 21 D. TIME OF INJURY (APPROX.)	e, astheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a line obave cause (A) NG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING II DEATH BUT NOT RELA R CONDITION CAUSING II DEFORMATION 198. CONDITIONS PERFORMAS UNDERLYING BUTING CAUSE OF lify medical examiner) (Month) (Doy) (Year)	the disease, death,) (B) DUE TO INY, giving stating the (C) ONTRIBUTING TEO TO THE (C) ORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Not Work	20A. AUTOPSY? (Yes or No) "in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING C (If in Baltime	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect locotion)		
DISEASES rise to UNDERLYI OTHER SIG TO THE OISEASE C 19 A. DATE OR CONTRI OR CONTRI DEATH (not DEA	e, astheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the obave cause (A) and CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING II are conditionally continued by the conditional cause of th	the disease, death,) (B) DUE TO INY, giving stating the (C) ONTRIBUTING TO THE INTERPOLITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Work At Work	20A. AUTOPSY? (Yes or No) ", in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OF INJURY	20B. IF YES, WERE IN CERTIFYING C (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion)		
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE CI 19 A. DATE OR CONTRI DEATH (not) 21 D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w	e, astheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a line obave cause (A) NG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING II DEATH BUT NOT RELA R CONDITION CAUSING II DEATH WAS UNDERLYING BUTING CAUSE OF a lifty medical examiner) (Month) (Doy) (Year) Ty that (I) (this haspitat)	the disease, death,) (B) DUE TO OUE TO OUTRIBUTING TED TO THE OUTRIBUTING TED	20A. AUTOPSY? (Yes or No) a, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OF Industrial of Injury of Inj	20B. IF YES, WERE IN CERTIFYING C (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion)		
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE CI 19 A. DATE OR CONTRI DEATH (not) 21 D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w	e, astheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a line obave cause (A) NG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING II DEATH BUT NOT RELA R CONDITION CAUSING II DEATH WAS UNDERLYING BUTING CAUSE OF a lifty medical examiner) (Month) (Doy) (Year) Ty that (I) (this haspitat)	the disease, death,) (B) DUE TO INY, giving stating the (C) ONTRIBUTING TO THE INTERPOLITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Work At Work	20A. AUTOPSY? (Yes or No) a, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OF Industrial of Injury of Inj	20B. IF YES, WERE IN CERTIFYING C (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion)		
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE CI 19 A. DATE OR CONTRI DEATH (not) 21 D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w	e, asheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the obave cause (A) NG CONDITION Iost. II NIFICANT CONDITION CAUSING IT OF OPERATION 198. CONDITION CAUSING IT OF OPERATION 198. CONDITION CAUSE OF If y medical examine) (Month) (Doy) (Year) Ty that (I) (this haspitat)	the disease, death,) (B) DUE TO OUE TO OUTRIBUTING TED TO THE OUTRIBUTING TED	20A. AUTOPSY? (Yes or No) a, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OF Industrial of Injury of Inj	20B. IF YES, WERE IN CERTIFYING C (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion)		
DISEASES rise to UNDERLYII OTHER SIG TO THE OISEASE OF 19A.DATE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (wand haur of	e, asheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the obave cause (A) NG CONDITION Iost. II NIFICANT CONDITION CAUSING IT OF OPERATION 198. CONDITION CAUSING IT OF OPERATION 198. CONDITION CAUSE OF If y medical examine) (Month) (Doy) (Year) Ty that (I) (this haspitat)	the disease, death,) (B) DUE TO DUE TO INY, giving stating the (C) ONTRIBUTING TEO TO THE (C) DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Work At Work O attended the deceased from add alive an address of the deceased did not the deceased did not the deceased of the deceased did not the deceased of the deceased did not the decease did not the deceased of the deceased did not the decease did not the dece	20 A. AUTOPSY? (Yes or No) ., in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY of the body after death.	20B. IF YES, WERE IN CERTIFYING C (If in Baltime	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect locotion) 19 20/12/60 19		
DISEASES rise to UNDERLYI OTHER SIG TO THE OISEASE CO 19 A. DATE OR CONTRI OR CONTRI DEATH (not DEATH (not DEATH (not DEATH (1) (was and haur co 23A. SIGNA	e, asheria, etc. II means amplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, if of the obave cause (A) NG CONDITION Iosl. II NIFICANT CONDITIONS CONDEATH BUT NOT RELAY RECONDITION CAUSING IT OF OPERATION 198. CONE WAS PERFORM (Month) (Doy) (Year) Ty thot (I) (this hospital) (Month) (Doy) (Year)	the disease, death,) (B) DUE TO DUE TO INY, giving stating the (C) ONTRIBUTING TEO TO THE (C) DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Work At Work O attended the deceased from add alive an address of the deceased did not the deceased did not the deceased of the deceased did not the deceased of the deceased did not the decease did not the deceased of the deceased did not the decease did not the dece	20 A. AUTOPSY? (Yes or No) ., in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY of the body after death.	20B. IF YES, WERE IN CERTIFYING C (If in Baltime DRY OCCUR? 10 to in (my) (oot) ap	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion) 19 20/12/60 19		
DISEASES rise to UNDERLYII OTHER SIG TO THE OISEASE OF 19A.DATE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (wand haur of	e, asheria, etc. II means amplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if of the obave cause (A) NG CONDITION Iosl. II NIFICANT CONDITIONS CONDEATH BUT NOT RELAY RECONDITION CAUSING IT OF OPERATION 198. CONE WAS PERFORM (Month) (Doy) (Year) Type that (I) (this hospital) (Month) (Doy) (Year) Type that (I) (this hospital) (Month) (Doy) (Year)	the disease, death,) (B) DUE TO DUE TO INY, giving stating the (C) ONTRIBUTING TO THE CONTRIBUTING THE (C) DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work Work At Work O attended the deceased from	20 A. AUTOPSY? (Yes or No) ., in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY and tho over the bady after death. Attending Med. Director Director 120 Direc	20B. IF YES, WERE IN CERTIFYING C (If in Baltime URY OCCUR? 1 ta	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect location) 19 20/12/60 19 20inlon death accurred an the control of the control		
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE O 19A. DATE OR CONTRI DEATH (not) 21A. ACCID OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (wand haur o 23A. SIGNA 23C. PHYSIC NAME	e, asheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a the obave cause (A) NG CONDITION Iost. II NIFICANT CONDITIONS COUNTY OF OPERATION 198. CONTY WAS PERFORM WAS PERFORM TO THE CONTY OF OPERATION 198. CONTY OF OPERATION 198. CONTY OF OPERATION (Month) (Doy) (Year) Ty that (I) (this haspitat) of the course statement of the courses statement of the course statement of the co	the disease, death.) (B) DUE TO DUE TO INY, giving stating the (C) ONTRIBUTING TEO TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Not Work At Work	20A. AUTOPSY? (Yes or No) In, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	20B. IF YES, WERE IN CERTIFYING C (If in Baltime URY OCCUR? 9 6 7 ta of in (my) (corr) applys	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion) 19 Dinlon death accurred an the control of the control o		
DISEASES rise to UNDERLYI OTHER SIG TO THE OISEASE C 19 A. DATE OR CONTRI DEATH (not) 21 D. TIME OF INJURY (APPROX.) 22. I certi that (I) (was and haur c 23A. SIGNA 23C. PHYSIC NAME	e, ashenia, etc. II means amplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if of the obave cause (A) NG CONDITION Iost. II NIFICANT CONDITIONS COMEAN CONDITION CAUSING II OF OPERATION 198. CONTION CAUSING II OF OPERATION 198. CONTION (Month) (Doy) (Year) (Month) (Doy) (Year) Ty that (I) (this haspital) (Month) (Doy) (Year) Ty that (I) (this haspital) (Month) (Doy) (Year) Ty that (I) (this haspital) (Month) (Doy) (Year)	the disease, death,) (B) DUE TO DUE TO INY, giving stating the (C) ONTRIBUTING TO THE CONTRIBUTING THE (C) DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work Work At Work O attended the deceased from	20A. AUTOPSY? (Yes or No) In, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	20B. IF YES, WERE IN CERTIFYING C (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? OF City, give exact location) 19 238. DATE SIGNED 10/13/67		
DISEASES rise lo UNDERLYII OTHER SIG TO THE OISEASE O 19A. DATE OR CONTRI DEATH (not) 21A. ACCID OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (wand haur o 23A. SIGNA 23C. PHYSIC NAME	e, asheria, etc. II means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if other obave cause (A) NG CONDITION Iost. II NIFICANT CONDITIONS COUDEATH BUT NOT RELATED TO THE CONDITION CAUSING IT OF OPERATION 198. CONDITION CAUSING IT OF OPERATION 198. CONDITION (Month) (Doy) (Year) Type (Month) (Doy) (Year) Type (Type) Worth B. REMATION, 248. DATE (Specify)	the disease, death.) (B) DUE TO DUE TO INY, giving stating the (C) ONTRIBUTING TEO TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Not Work At Work	20 A. AUTOPSY? (Yes or No) , in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY of the bady after death. Attending Med. Director Director Chase CREMATORY 240. LO	20B. IF YES, WERE IN CERTIFYING C (If in Baltime URY OCCUR? 9 6 7 ta of in (my) (corr) applys	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect locotion) 19 23B. DATE SIGNED 10/13/61		



I-452		HEALTH DEPARTMENT	\ /	C7 0799
BIRTH NO. 67. 9	788 CERTIFICA	TE OF DEATH	Registered No	0/ 3/00
M.E. CASE NO. 1. NAME OF DECEASED	- CERTITION		AND HOUR OF DEAT	Н
(Type or Print)	10 Anna Krug		7:30 am	10/11/67
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	11/		here deceased lived, If	institution: residence before admission)
		A. STATE B. CO.	el a	
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location)	ution, give street	C. CITY OR TOWN	outside city limits, writ	e RURAL ond give township)
INSTITUTION		BALTIMORE		53-00
THE JOHNS HOPKINS HOS	PITAL		(If rural, give location)	5 5-00
3.3		3 SLADE A	VENUE	
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	DOW - DIVORCED (specify)	2-13-90	77.	Williams Doys Hoors Williams
OA. USUAL OCCUPATION (Give kind of work 108. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign company	12. CITIZEN OF WHAT COUNTRY?
done during most of working tile, even if retired)		D - 3 3		WHAT COUNTRY
<u>lousekeeper – Companic</u> 3. FATHER'S NAME	n	Poland	AME	Ma Chan
>		-		21/ 4
HENRICK KRUG		,	VON OLKOWS	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		William T. (Gearhart .6	218 Haddon Ave.
18. / 4 /	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	··· CAI	2CINOMA (OF RECTL	im Several year
(This does not mean the made of dying,	e.g., DUE TO			
heart failure, astherio, etc. It means the di				
ANTECEDENT CAUSES				
		00 VVV 00 00 00 00 00 00 00 00 00 00 00		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling				
UNDERLYING CONDITION lost.	1 W) converse over second			
11				
O OTHER SIGNIFICANT CONDITIONS CONTRI				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
OTHER SIGNIFICANT CONDITIONS CONTRITO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CONTRITOR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TO THE DEATH OF OPERATION WAS PERFORMED.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or		RE FINDINGS CONSIDERED CAUSES OF DEATH?
E 2 - WAS TERTONINE		YES	01.	0
OP CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	fice bldg INTURY OCCUR	(If in Bo)tim	nore City, give exoct locotion)
DEATH (notify medical examiner)	etc.)	nice bidg., into ki occok.	Consumer.	
O 21D. TIME (Month) (Doy) (Year) (Hou	21 E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY	While AI Not Whil			
(APPROX.)	Work At Work			
22. I certify that (1) (this hospital) atter	nded the deceased fram	9/30/67	19to/	10/11/67 19
that (I) (we) lost saw the deceased aliv	e an 10/10/67	19ond		ppinian death occurred an the dat
and haur and from the couses stated ob	ave. (1) (me) (did) (did nat) (new the body after dear	n.	23B, DATE SIGNED
(Cm 1)	M.D. AH	ending Med.	Stoff 1	10/1/10
9.111. Unc		s. Director	Phys.	10/11/6/
23 C. PHYSICIAN'S NAME (Type)	, -	23D. ADDRESS	11 1 -	
G. MICHAEL 1	INCENT M.D.	youns la	topkens	Hosp.
24A. BURIAL CREMATION, 24B. DATE	24C, NAME OF CEMETERY OF CR	EMATORY 24D	LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	3/533-25	3 - 3		
Burial 10/14/1967	Moreland Men		Parkville	
25A. DATE REC'D 1 3EAUTH DEPT 025B.N	AME OF REGISTRAR	H.W. Jenkin		ADDRESS ROOM
TT TO TOO! Up year	C. MUNIOROFUR	Trow OCITATII	O DOLLA D	o 4905 York Roa
VS 150-REV. 1/1/65				



FUNERAL DIRECTOR: IMPORTANT

5-620 67	מאמם	TY HEALTH DEPARTMENT	Registered No.	67 9789
I.E. CASE NO. NAME OF DECEASED	CERTIFICA	ATE OF DEATH	IND HOUR OF DEATH	25
ype or Print) SHORES, HATT	IE MACOUSE B.	10	[11/67	9=P
FULL NAME OF (If not in hospital or instit oddress or location) INSTITUTION	lution, give street	Mod. B. COU	Baltimore	stitution: lesidence before odmissi Cural and give township)
42 min Memorial	- flogostal	D. STREET ADDRESS (1)	ANDREWS	WAY
SEX & 6. RACE White 7. MA	RRIED, NEVER MARRIED DOWED DIVORCED (specify) Widow	B. UATE OF BRIN 87	9. AGE (In years tost birthdox)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
DA. USUAL OCCUPATION (Give kind of work 10B, Kfl one during most of working life, even if retired) HOUSE WITE	ND OF BUSINESS OR INDUST	Ma		12. CITIZEN OF WHAT COUNTRY? 2. S. A
ALEXANDER BOZMAN		HARRIETT	LAIRI	N. C.
was Deceased Ever in U. S. Armed Forces? es noor unknown) (If yes, give wor or dotes of se	1 6, SOCIAL SECURITY NO.	Mrs. Catherine	Werner,	ADDRESS(Same)
18. 4		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Preumonia- Chomie argesti		N 19 ADIO
underlying Condition last. II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	While At Not W		JURY OCCUR?	
22. I certify that (1) (this hospital) atter		10/2	19 b / 1a	10/11 1967
that (1) (we) lost saw the deceased aliverand hour and from the causes stated about				nian deoth occurred an the
23A. SIGNATURE	Control (ord) (ero not)	, the body offer deom		23B. DATE SIGNED
Tawee Limpour	cehara M.D. A	hys. Med. Director	Stoff Phy s.	10/11/67
1 AW FIEW E EMPANUCHAR		23D. ADDRESS	EMEMORIAL 1	fospital_
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	CREMATORY 24D.	LOCATION (Ci	ty, town, or county) (State
Burial 10/14/67.	Baltimore, Ceme	tery	Baltimore	, Md.

from Catherino control (done)

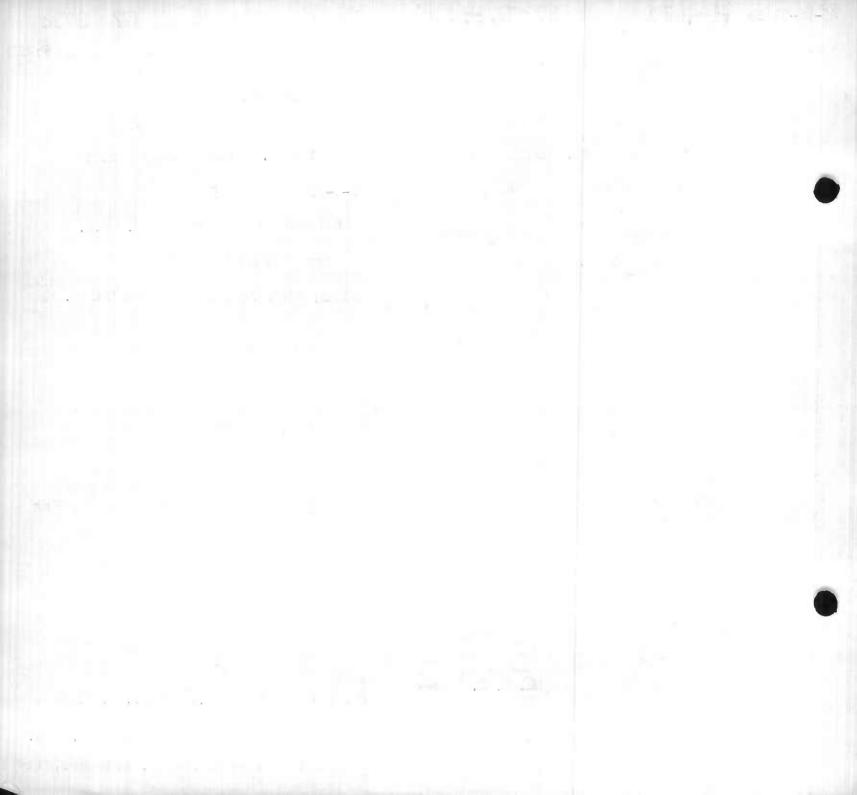
T SELL OUR CLASS SELECTION TO THE COURSE TO SELECT THE COURSE THE COURSE

The second secon

Married Sep. Sept. 8, 1897 70 Wilton D.C. Laborer Fustus farman Many To Hund Dis course Many W. Burkedole 1919 Super relatives little acc. Wilton last A LE COLORES TO A CHARLES OF THE PROPERTY OF THE PARTY OF

11 with 161811 / 196 - 2197/31 Chester Va. Lasoner J. Syrass Ferr W. Branch Jos BEN I SHAMEN ENCORME COM SHEET ALL Secret 10/12 Mar Kalk Suting Cam Palle All Fill land France Stand Flore and Bar

VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



3 M	8-97-56]	6 6 6 9 94	TATE OF DEATH Registered No. 67 9794
	sed the uch	M.E. CASE NO. 1, NAME OF DECEASED	CATE OF DEATH Registered No.
	deat deat cease on th	(Type or Print) DORN HENRIE	TTA 10/9/67 12- AN
	hospitise of (5) De ance death	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give street	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND
	cau cau se;	HOSPITAL OR BALTIMORE CITY HOPITALS 4940 EASTERN AVENUE	C. CITY OR TOWN (If outside city limits, with RURAL and give township) BALTIMORE O. STREET ADDRESS (If rural, give location)
	uting od cau r att prior	BALTIMORE, MARYLAND 21224	3830 BANK STREET 21224
•	occurre intribut rmined egular ased p	7. MARRIED, NEVER MARRIED WHITE WHITE WHITE	
	or condered and condered conde	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS done during most all working life, even if retired)	TRY 11. BIRTHPLACE (Stole or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.
E	irect (4) U (4) U rhe ispos	13. FATHER'S NAME HENRY	14. MOTHER'S MAIDEN NAME ELIZABETH
9-67 DRTAN	ssistant the di kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (III yes, give war ar dates of service) SECURITY NO.	RECORDS: BCH 49-40 EASTERN AVENUE 21224
10-9-67 MPORTAN	his as so, if any need enda		OF DEATH OSable Rulmonary Embolism
OF -	ner. Als acture o pronou ular att	(This daes nat mean the made of dying e.s., DUE TO heart laiture, asthenia, etc. It means the disaster injury ar camplication which caused death.)	7320
L EXAMINER DIRECTOR:	xamin A fra who regu	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving (B) OUE TO	
· · · · · · · · · · · · · · · · · · ·	ical e sal ey ns; (3) cian as in ains a	rise to the abave cause (A) stating the UNDERLYING CONDITION last.	
	did did	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	ep Frenteno secondary
MEDICA	chie y a Body the rysici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED FOR CHURCH TO ME	YES 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
BY	ital ital No No	OR CONTRIBUTING CAUSE OF CAU	
VAL	hos nature (6)	210. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work At W	While & Falling down Sleps
PPR	approving the fany of (except); and	22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an	
N AP	be and be		t) view the body after death.
D ON	mus elea ccide ccide to d to d	fallo 1 -y	Attending Med. Stall Phys. 238. DATE SIGNED 10/9/67
RELEASED	y was r (1) An a (2) An at d prior	PABLO TREFOGLI M	F
REL		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF Darkwood (em elecy Ballo Macelord (State)
	This certhe bod shows: was D.(decease	25A! DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Joseph Barners & Coullen St
		VS 150-PEV 1/1/65	



	OP OW		HEALTH DEPARTMENT		67 9795
BIRTH NO.	67 978	S CERTIFICA	TE OF DEATH	Registers Ho.	01 0100
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	tA. Mai	ρ∨ T.		S PM I D	167
CERTIFICAT	RE MARYLAND	ENDED	4. USUAL RESIDENCE (Who A. STATE B. COUN		ution: residence before odmissio
2 NUAL HO	SPITAL of	BALTO.	BALTIMO	tside city limits, write RUR OR C rurol, give location)	AL and give township) 28-04 NX RC
5. SEX 6. RACE	WIDOWE	NEVER MARRIED DIVORCED (specify) M8	B. DATE OF BIR H	67	Under 1 Yr. If Under 24 Hours Min.
done during most of working life, even it Housewife	retired)	t Home	New York, N.	Y.	WHAT COUNTRY?
3. FATHERS NAME	Vincent Fer	titta	14. MOTHER'S MAIDEN NA	Maria Cullott	a
5. Was Deceased Ever in U. S. Ar Yes, no or unknown) (If yes, give wo	med Forces? r or dotes of service)	16. SOCIAL SECURITY NO. 214-40-0279	Mrs. Mary Balsa	umo,726 Leafyd	ale Ter. 21208
DISEASE OR CONDITI	DEATH	CAUSE O	F DEATH TE MYORAROW	AL NEARCTION	INTERVAL BETWEEN ONSET AND DEATH
heori foilure, osihenio, etc. li injury or complication which ANTECEDENT	meons the diseose, coused deoth.)		MARY AMERIC	asclerosis	-3
DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION	e (A) sloting the	(C)	,		
OTHER SIGNIFICANT CONDITION THE DEATH BUT NO DISEASE OR CONDITION CA	T RELATED TO TH	CONGESTION	UE HEART E	AKURE	
19A. DATE OF OPERATION 1	PB. CONDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
OR CONTRIBUTING CAUSE DEATH (notify medical examina	OF hon	ne, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact locotion)
21D. TIME (Month) (Doy) OF INJURY (APPROX.)		ile At Not While		JURY OCCUR?	1.
that (1) (we) lost saw the and hour and from the cour	leceased alive on	10/11	1967 ond th	19 ta 12	n death occurred an the c
3A. SIGNATUR	by,		ending Med. S. Director	Stoff Phys.	10/12/67
ALAW F.	JOLF,	M.D.	23D. ADDRESS SIN	IAI HOSQI	TAL
24A. BURIAL CREMATION, 24B. I REMOVAL (Specify)		AME of CEMETERY of CR		Cocation (City,	town, or county) (State
Burial 10 25A. DATE REC'D BY HEALTH DE		thedral Cemet		Baltimore,	k Heights Ave.
/S 150-REV. 1/1/65	ANGERS				

DETIFICAL INUITED

70 - 7 market and a local party and the

NAME OF DE			CERTIFICA			
160 01 111111		Dozzon		2. DAT	E AND HOUR OF DEATH	
	eorge Carlton			4. USUAL RESIDENCE	Oct. 10, 196	7 10:10 A.
FULL NAME HOSPITAL OR	OF (If not in hospital	ar institution,	give street	Maryland B. C	OUNTY	Trederillo
INSTITUTION	U.S. Public He		muriae Heenite		If outside city limits, write	KUKAL ond give lownship)
and the same of th	3100 Wyman Par			D. STREET ADDRESS	(If rurol, give location)	0-11
28	JIOO Wyman ra	IN DITAG		905 Chestnu		
. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H
Male	White	Marri	ed.	Nov-5-1891	75	Widness Doy's Proofs William
	CUPATION (Give kind of world	108. KIND OF	BUSINESS OR INDUSTRY		fareign country)	12. CITIZEN OF WHAT COUNTRY?
	of working life, even il retired)	Pont	0444.00	Mozerl and		
3. FATHER'S NA	carrier	rost	Office	Maryland	NAME	USA
John	H.F. Boyer	- 1 0-2		WAXAYA S		
5. Was Decease Yes, no or unknov	od Ever in U. S. Armed For	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			220-48-4091	Records U	ISP H S Hospital	, Balto, Md.
1B.	4 3		CAUSE O			INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Acu	te myelogenou	s leukemia	months
	nal mean the made of		DUE TO	xx		
	e, asthenia, etc. It means implication which coused					
	ANTECEDENT CAUSES		(B)		100 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	to and survivale as 4 and survivale as 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES	OR CONDITIONS, if	any aivina	DUE TO			
	he abave cause (A)		(C)			
UNDERLYIN	NG CONDITION last.					
Z OTHER SIGN	NIFICANT CONDITIONS C					
TO THE	DEATH BUT NOT RELA		E			
TO THE DISEASE OF	DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 19B. CON WAS PER	IT.		20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
TO THE DISEASE OF THE	R CONDITION CAUSING I	IT. IDITION FOR Y	PLACE OF INJURY (e.g., ir e, larm, factory, street, of	or about 21C. WHERE D	ID (If in Boltimor	FINDINGS CONSIDERED LUSES OF DEATH?
21 A. ACCID OR CONTRIE DEATH (notif	R CONDITION CAUSING OF OPERATION 19B. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF	IT. IDITION FOR VIFORMED 21 B. hom etc.	PLACE OF INJURY (e.g., ir e, larm, factory, street, of	or about 21C. WHERE Diffice bldg., INJURY OCCU	ID (If in Boltimor	
OF INJURY	PR CONDITION CAUSING OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner	IT. RDITION FOR V FORMED 218, ham etc.: (Hour) 21E, Whi	PLACE OF INJURY (e.g., ir e, larm, factory, street, of INJURY OCCURRED	21F. HOW DIE	ID (If in Baltimor	
Z1 A. ACCID OR CONTRIB DEATH (noti) 21 D. TIME OF INJURY (APPROX.)	R CONDITION CAUSING PROPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner (Month) (Day) (Year)	IT. RDITION FOR \ PORMED 21 B, hometc (Hour) 21 E, Wh Wo	PLACE OF INJURY (e.g., ir e, lorm, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not While At Work	ar about 21C. WHERE Diffice bidgs, INJURY OCCU	ID (If in Boltimon R? D INJURY OCCUR?	e City, give exact lacation)
Z1 A. ACCID OR CONTRIB DEATH (noti) 21 D. TIME OF INJURY (APPROX.)	PR CONDITION CAUSING OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner	IT. RDITION FOR \ PORMED 21 B, hometc (Hour) 21 E, Wh Wo	PLACE OF INJURY (e.g., ir e, lorm, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not While At Work	ar about 21C. WHERE Diffice bidgs, INJURY OCCU	ID (If in Baltimor	e City, give exact lacation)
21A. ACCID OR CONTRIE DEATH (notified OF INJURY (APPROX.)	PR CONDITION CAUSING OF OPERATION 19B. CON WAS PER ENT WAS UNDERLYING ENT WAS UNDERLYING (August Of fy medical examiner) (Month) (Day) (Year) Ty that (I) (this hospital)	IT. IDITION FOR \ PORMED 218, ham etc. (Hour) 21E, Wh wo	PLACE OF INJURY (e.g., in e., larm, factory, street, of INJURY OCCURRED INJURY OCCURRED Not While At Work The deceased from	and about 21C. WHERE Diffice bldg., INJURY OCCU	ID R? (If in Boltimos Processing) O INJURY OCCUR?	e City, give exact lacation)
21A. ACCID OR CONTRIS DEATH (notice) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we	PR CONDITION CAUSING OF OPERATION 19B. CON WAS PER ENT WAS UNDERLYING ENT WAS UNDERLYING (August Of fy medical examiner) (Month) (Day) (Year) Ty that (I) (this hospital)	IT. IDITION FOR V FORMED 218, hometc. (Hour) 21E, Wh Wo 1) attended to	PLACE OF INJURY (e.g., in e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED At Work The deceased fram	21F. HOW DIE	ID (If in Boltimon R? D INJURY OCCUR? 19 ta	e City, give exact lacation)
21A. ACCID OR CONTRIS DEATH (notice) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we	PR CONDITION CAUSING OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF (fy medical examine) (Month) (Day) (Year) y that (1) (this hospital b) last saw the decease and fram the causes sta	IT. IDITION FOR V FORMED 218, hometc. (Hour) 21E, Wh Wo 1) attended to	PLACE OF INJURY (e.g., in e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED At Work The deceased fram	21F. HOW DIE	ID (If in Boltimon R? D INJURY OCCUR? 19 ta	e City, give exact location)
21A. ACCID OR CONTRIS DEATH (notic 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur at	PR CONDITION CAUSING OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF (fy medical examine) (Month) (Day) (Year) y that (1) (this hospital b) last saw the decease and fram the causes sta	IT. IDITION FOR V FORMED 218, hometc. (Hour) 21E, Wh Wo 1) attended to	PLACE OF INJURY (e.g., ir e, larm, factory, street, of INJURY OCCURRED INJURY OCCURRED Not Whiling At Work At Work (We) (did) (did nat) v	21F. HOW DID	ID (If in Boltimos R? D INJURY OCCUR? 19 ta	re City, give exact location) 19 inian death accurred an the day 238. DATE SIGNED
21A. ACCID OR CONTRIS DEATH (noti 21D. TIME (APPROX.) 22. I certif that (I) (we and haur at 23A. SIGNAT	ENT WAS UNDERLYING BUTING CAUSE OF (Month) (Day) (Year) y that (I) (this hospital b) last saw the decease and fram the causes sta	(Hour) 21E, Why wo	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not Whill his At Work The deceased from	21F. HOW DID	ID (If in Boltimon R? D INJURY OCCUR? 19 ta	re City, give exact lacation) 19 inian death accurred an the do
27 A. ACCID OR CONTRIS OR CONTRIS OF INJURY (APPROX.) 22. I certif that (I) (we and haur an 23A. SIGNAT	ENT WAS UNDERLYING ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Day) (Yeor) The property of the decease of t	(Hour) 21E. Whited alive an ted abave. (I	PLACE OF INJURY (e.g., ir e, larm, factory, street, of INJURY OCCURRED INJURY OCCURRED Not Whiling At Work The deceased from	21F. HOW DID 19 an 1ew the bady after decay. Med. Director	ID (If in Boltimos R? D INJURY OCCUR? 19 ta	re City, give exact lacation) 19 inian death accurred an the day 23B, DATE SIGNED
21A. ACCID OR CONTRIS DEATH (notic 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur at 23A. SIGNAT 23C. PHYSICI NAME	ENT WAS UNDERLYING BUTING CAUSE OF (Month) (Day) (Year) y that (I) (this hospital b) last saw the decease and fram the causes sta	(Hour) 21E. Whywo ted above. (I Weaver Director	PLACE OF INJURY (e.g., in e., form, factory, street, of INJURY OCCURRED INJURY OCCURRED ILLE At At Work At Work The deceased fram (We) (did) (did nat) v M.D. Atte Phy The Company of the company	21F. HOW DID 23F. HOW DID 24F. HOW DID 24F. HOW DID 25F. HOW DID 25	ID (If in Boltimon R? D INJURY OCCUR? 19 ta	inian death accurred an the do
21A. ACCID OR CONTRIS OR CONTRIS OF CONTRIS OF INJURY (APPROX.) 22. I certif that (I) (we and haur at 23A. SIGNAT 23C. PHYSICI NAME 24A. BURIAL CR REMOVAL	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner) (Month) (Day) (Year) (y that (I) (this hospital b) last saw the decease and from the causes sta (Type) James M. Medical J EMATION, (Specify)	(Hour) 21E. Why wo 1) attended the dalive an ted abave. (I Weaver Director	PLACE OF INJURY (e.g., ir e, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not While At Work At Work Noe deceased from	21F. HOW DID 22F. HOW DID 22F. HOW DID 23F. HOW DID 23F. HOW DID 24F. HOW DID 24	ID (If in Boltimos R? D INJURY OCCUR? 19 to	inian death accurred an the do
21A. ACCID OR CONTRIS OR CONTRIS OR CONTRIS OF INJURY (APPROX.) 22. I certif that (I) (we and haur at 23A. SIGNAT 23C. PHYSICI NAME 24A. BURIAL CR REMOVAL BURIAL CR	ENT WAS UNDERLYING ENT WAS UNDERLYING ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Day) (Yeor) The property of the decease	(Hour) 21E. Who who ded alive an ated above. (I Weaver Director 24C. N/	PLACE OF INJURY (e.g., in e., form, factory, street, of INJURY OCCURRED INJURY OCCURRED ILLE At At Work At Work The deceased fram (We) (did) (did nat) v M.D. Atte Phy The Company of the company	21F. HOW DID 22F. HOW DID 22F. HOW DID 23F. HOW DID 23F. HOW DID 24F. HOW DID 24	ID (If in Boltimon R?) INJURY OCCUR? 19 ta data in (my) (aur) apath. Staff Phys. ID. LOCATION (Compared of the compared o	19

Port of about the second total action to the second total action.

	OF OFICE	BALTIMORE CITY	HEALTH DEPARTM	ENT	0 67 0	סחליו
BIRTH NO.	67 9798	CERTIFICA	TE OF DEA	TH Registered	No. 0/ 3	1738
M.E. CASE NO. 1. NAME OF DECEASED	,		2, 0	ATE AND HOUR OF D	EATH	
(Type or Print)	anlesatite	A. BotEl	er de	10-11-10	9 113	1 /
PLACE OF DEATH IN	BALTIMORE MARYLAND	11: 110161	4 USUAL RESIDENCE	TE (Where deceased live	d. If institution: residence	before odn
			A, STATE	. COUNTY		
	If not in haspital or institution, giv	ve street	1110,04	la Nd.	(1.1	1.6
HOSPITAL OR C	address or location)		C. CITY OR TOWN	(If autside city limits,	write RURAL and give tov	wnship)
42			Lan	dsdow N	300	-00
70 0 1	1.	1 11	D. STREET ADDRESS	(If rural, give lacăti	an)	10 0
South Balt	LIMARE GENE	ral Hosp.	1602.3	HAlliNG	FEDDU.	RN
SEX 6. RAC		EVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Yr. Manths: Days It	If Under
F 11	L: LE WIDOWED,	DIVORCED (specily)	8-1-10	9.3 last birthdays	Month's Days	Hours
IGA LISUAL OCCUPATION	N (Give kind of work 108, KIND OF E	BUSINESS OR INDUSTRY	11. BJRTHPLACE (Stat	V / 7 .	12. CITIZEN OF	
dang dyring mast of warking		1	A L	e di loreign coomisy)	WHAT COU	NTBYT
House Wife	a. 1	ONE.	Ermopole	, Manula	NO. US	17
3. FATHER'S NAME			14. MOTHER'S MAIL	EN NAME		
11	1-0 01-	. w.L	Machel E	tella Park	20~	
15. Was Deceased Ever in	ES STEWE	2/17	17. INFORMANT	menta out		
(Yes, na) a unkna wn) (If yes,	give war or dates of service)	6. SOCIAL SECURITY NO.	0	+ Boteler	ADDRES	3
170			Stewar	Dolele	7	
1B.	71	CAUSE O	F DEATH		INTERVA	
DISEASE OF	CONDITION DIRECTLY		/	2	ONSET A	ND DE
	NG TO DEATH	/-	JAPEKK	IREXIA.	30	RY
	in the mode of dying, e.g.,	DUE TO		(1
	a, etc. It means the disease, in which caused death.)		0	111 5051	4 71	,
	EDENT CAUSES	(B)	ULMONAL	RY LDEMA	y. 3a.	by.
		DUE TO	11.000	0 ,		
	NDITIONS, if ony, giving re cause (A) stating the	(C)	ITTHRI 1	-AILURE	3da	Ts.
UNDERLYING CON		. Pn	SE DAD O	TIVE Apple	declare of	
	11	. , , ,	DI CARLO	11. 11.	Line Jane	Mea
OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	/	KI. Jaljing	cetony & La	H	
	BUT NOT RELATED TO THE	S	upin Oth	uctom y		
19A. DATE OF OPERA	TION 198. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Y	es ar Na) 208. IF FES,	WERE FINDINGS CONSID	ERED
EB 10. 8.67	WAS PERFORMED	a Appendial	i year	IN CERTIFYIN	G CAUSES OF DEATH?	
U 21A. ACCIDENT WAS	UNDERLYING 21B. P	LACE OF INJURY (e.g., i	n ar abaut 20C. WHER	E DID (If in B	altimare City, give exact le	ocation)
OR CONTRIBUTING	CAUSE OF hame,	, larm, factory, street, a	lfice bldg., INJURY OC	CUR?	3.00	
U	100	NO		No.		
21D. TIME (Manth		NJURY OCCURRED		DID INJURY OCCUR?		
(APPROX)	While Wark					
22 I consider short (A	this hospital) attended the		10-7-6	2 19 to	10-10-6	19
	-		10			
	aw the deceased alive an	,			r) apinion death accur	red on
	the causes stated above. (1)	(We) (did) (did nat) v	iew the bady ofter	death.		
23A. SIGNATURE	1			A	23B. DATE SIGNE	2
	Jurish	M.D. Atte	ending Med.	or Staff Phys.	10-1	0-0
23C. PHYSICIAN'S	QURESHI.		23D. ADDRESS		0	-
NAME (Type)	JURESHI	M.D.	1213 41	CHT St	BAITTIT	ORE
			1011	7111 -1 -	DACIII	
24A. BURIAL CREMATION REMOVAL (Specify)	N, 24B. DATE 24C. NAM	ME of CEMETERY OF CR	MAJORY	24D. LOCATION	(City, tawn, ar county)	01
Kurial	10/12/67 (P	dar 5/0	17	HINAPO	2//3	19/
25A. DATE REC'D BY HEA	ALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL D	IRECTOR A	ADD	RESS /
OCT		2 Farling MA	flood The	· Taulo La	va / Imaga	Min
	- The word	- , TONDOON M	An 11/2	4 cogran so	- Crining	1
VS 150-REV. 1/1/65			1/	0	*	

FUNERAL DIRECTOR: IMPORTANT

ALLEGE TRANSPORT HEART FAILERE The state of the same 14 July 15 July 15

1	D-151	CO. 12 CO.	Y HEALTH DEPARTMENT	. /	67 9799 4
BIR		9799 CERTIFICA	TE OF DEATH	Registered No.	0, 0,00 /
1,1	E. CASE NO.	1 1		D HOUR OF DEATH	
1	Baby Boy	Davenbort	C	ctober 10	1967-12:55 PM.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAN	ID .	4. USUAL RESIDENCE (When	e deceased lived. If insti TY	fulion: residence before odmission)
	FULL NAME OF (If not in hospital or inst	itution, give street	Maryand t) grown flac	5
	HOSPITAL OR oddress or location)	A 26 S.L.	2-11	side city limits, write RU	RAL ond give township)
1	125 mai Hospital	of Baltimore	D. STREET ADDRESS (IF	urol, give locotion)	33-00
	70		// N -	wood Court	
5. 5		ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	MALE WHITE	NEVER WATER	10/9/67	last birthdoy)	Months Doys Hours Min.
104	USUAL OCCUPATION (Give kind of work 108, Kine during most of working life, even if retired)		11. BIRTHPLACE IState or forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
qun	Child	6	Marulan	A	USA
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	No.
	Ronald Davent	Port	Barbara	Caver	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	3	ADDRESS
	hn	none	Hospita	1 Chart	
	18. / 4 X I	CAUSE	OF DEATH	***************************************	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Y	0.	1	ONSET AND DEATH
	(This does not meen the mode of dying	(A) Cay	-que A copica	1019 allest	3 yours
	heart foilure, asthenia, etc. Il means the d injury ar camplication which coused death	isease,	13	3	211
	ANTECEDENT CAUSES	(B) TY	alme wempro	we assease	21 10116
	DISEASES OR CONDITIONS, if ony,	giving	1 1 1		
	use to the obave cause (A) statis	ing the (c) PR	maturity 11311) - 53003 LAN	· · · · · · · · · · · · · · · · · · ·
	11	•		U	
NO	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED		. 1		Llda
ATIO	DISEASE OR CONDITION CAUSING IT.	"HALSING!	Phelousburit	15	Tuays
ERTIFIC	194. DATE OF OPERATION 198. CONDITION WAS PERFORME	N FOR WHICH OPERATION ED	20 A. AUTOPSY? Wes at No.	108. IF YES, WERE FIN	ES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, larm, factory, street, a	office bldg., INJURY OCCUR?		
EDIC	21 D. TIME (Manth) (Day) (Year) (Hot	ur) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Z	(APPROX.)	While At Not Whi			
	22. I certify that ((1) (this hospital) atte	1	Malal Wa	961 to De	10 ber 10 1967.
	that (1) (we) last sow the deceased ali		1 -		an death occurred on the date
	and hour and from the causes stated of	tion pro-)	(001) 0	an accum occurred on the gare
	23A. SIGNATURE	, (414 1141)	view the body offer deom.	. 2	3B. DATE SIGNED
	110/K-1 //10	M.D. Att	med. Director	Stoff Phys.	10/10/10
	23C. PHYSICIAN'S	men !	23D. ADDRESS	1	- 7/0/0/
	NAME (Fype)	V. 20 M.D.	Sinci Hac	to lotic	Baltimace
24/	BURIAL CREMATION, 24B, DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D, LC	CATION (City,	town, or county) (State)
	BURIAL 10-13-67	BALTIMORE NA	TIONAL CEM 5501	FREDERIOK	AUS BOITS MA
25/		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	THE BICIOK	ADDRESS
	20-1 TO 1201 OF Comp. 8	. StarberMA	Charles S. d	seles 701 Si	CONKLING ST.
E-	150-REV. 1/1/65		St.	W 19 1	



	67	980	BALTIMORE CITY	HEALTH DEPARTMENT		OP 0000
BIRTH NO.	07	000	CERTIFICA	TE OF DEATH	Registered No.	- b/ 3300
M.E. CASE NO.	CEASED			2, DATE	AND HOUR OF DEATH	1
(Type or Print)	Lunan, Myrt	le B		Octo	ber 10, 19	67 7:21 P M
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	1000	4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before odmission)
						16
FULL NAME	address as lacatio	m)	give street	Maryland 2	1043	RURAL ond give township)
St. Agi	nes Hospita	1		Ellicott (City	63-00
Caton	and Wilkens	Avenue	00	D. STREET ADDRESS	()f rurol, give location)	9 9200
	ore, Maryla			16 Montgon	nery Road	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
Famala	T.Tlo å tr o		D, DIVORCED (specify)	6 17 0/	lost birthdoy)	Months Doys Hours Min.
Female	White	Wido		6-17-84	63	12. CITIZEN OF
	f working life, even if retired)					WHAT COUNTRY?
Al F	TOME	hou	SEWIFE	Maryland		U.S.A.
13. FATHER'S NA	3ME			14. MOTHERS MAIDEN	NAME	
Charles	s Mc Abee			Laura Virg	ginia Mc Ab	ee
15, Wos Decease	d Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	7 507 8.10 1101 01 001		217 01 731	9A Hosnital	Records/S	t. Agnes Hospita
18. 4	74-1-	e n.		F DEATH	1000100/0	INTERVAL BETWEEN
/ 951	ASE OR CONDITION DI	BECTLY				ONSET AND DEATH
DISEA	LEADING TO DEATH	KECILI	015	man an ede	hal	
	nal mean the made of		DUE TO	()		0 mm n mm m m d 0 mm 0 0 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0
	, asthenia, etc. II means mplication which caused		arte	Wonong ede	cord's valen	0/
	ANTECEDENT CAUSES		(B)	disease	******************************	
DISEASES	OR CONDITIONS, if	any giving	DUE TO			
rise la II	he abave cause (A)		(C)			
UNDERLYIN	IG CONDITION last.					
7						
OTHER SIGN	DEATH BUT NOT REL	ATED TO TH	IE I TO C	Perhant in		
	F OPERATION 198. CON		WHICH OPERATION	120A AUTORSY2 (Yes o	. Noll 208 IE VEE WERE	EINDINGS CONSIDERED
1.91	WAS PER	FORMED	colonie.		IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDI	ENT WAS UNDERLYING	Le Klef	PLACE DE INTURY CO	n or obout 21 C. WHERE DI	I/O	ore City, give exact location)
OR CONTRIB	UTING CAUSE OF	hon	ne, farm, foctory, street, c	ffice bidg., INJURY OCCUP	?	one city, give exoct locoson)
(1)	ly medicol exominer)					
21 D. TIME OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED		INJURY OCCUR?	
(APPROX)		W	nile At Not Whi	le 🗌		
22. I certify	v that (IX(this hospito	l) attended t	he deceased from Se	ptember 27,	19.67 to Oct	ober 10, 19 67
that M) (we) last sow the decease	ed olive on	October 10	10 67		pinion death occurred on the dot
						ormon death occurred on the dot
23A. SIGNAT		ted above. (TY (Me) (qlq) (ququequ	view the bady ofter dea	th.	DATE CIGNIES
234.310144		oppla	W M.D. AH	ending Med.	Stoff -	23B. DATE SIGNED
10	the " on		Ph	s. Director	Phy s.	10/10/167
23C. PHYSICI	Type JAIME V	DEL P	I LAR	23D. ADDRESS	JES HOSPI	TAV
	JATI'L V	DEL P	LAR M.D.	ST - AG 1	JASON COL	11.4
24A. BURIAL CR	EMATION, 248. DATE		AME of CEMETERY of CR	EMATORY 241	D. LOCATION (City, town, or county) (State)
BURIA	140 12 1	17 B	Alto, NAT.	TOWAL 9	BolTo.	Md.
	D' BY HEALTH DEPT.	25B. NAME	OE REGISTRAR	/.	TOR	
	JCT 1 6 1967 (P.O. A	& Falling	Higinbolho	m. SIALK	Eller Eity
	/65	POCHO	-, -, -, -, -, -, -, -, -, -, -, -, -, -	poten!	Make	ni d'
/S 150-REV. 1/1.						

The manufacture of the second A SECTION OF THE PROPERTY OF THE PARTY OF TH

BILLY JEC V JET L

OP4	BALTIMORE CITY	Y HEALTH DEPARTMENT	0001
BIRTH NO. 67-19689 67 98	SUL CERTIFICA	TE OF DEATH Registered	No. 67 9801
M.E. CASE NO.		2. DATE AND HOUR OF DE	ATH
(Type or Print) D	. alo voa	Octobre 3	1067 617.3
B. PLACE OF DEATH IN BAUTIMORE, MARYLAND	erndon	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission)
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or instituting HOSPITAL OR oddress or location)	on, give street	Ishryland o	
INSTITUTION		Dall' 1	wite RURAL and give township)
45 > mai Hospital	of Baltimore	D. STREET ADDRESS (If rurol, give location	
70		11 10 111 11 11	
SEX 6. RACE 7. MARR	IED, NEVER MARRIED	8. DATE OF BIRTH, 19. AGE (In years	If Under 1 Yr. II Under 24 Hrs.
A WIDO	WED, DIVORCED (specify)	Page lost birthdoy	If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	fant	Maruland	WHAT COUNTRY
3. FATHERS NAME	rant	14. MOTHER'S MAIDEN NAME	11 4.11,
Norman Herndon		Lillian	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(II yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
ND		Hospital records	
18. 77 () (1)	CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(ardiac arrest	instantaneous
(This does not mean the made of dying,	e.g., DUE TO		
heart failure, asthenio, etc. It means the diser injury ar camplication which caused death.)		1	
ANTECEDENT CAUSES	(B) 12	spiretory arrest lon	respirator 2 day
DISEASES OR CONDITIONS, if any, give	DUE TO		0
rise to the above cause (A) storing	the (C) 117	tracranial hemorit	TRACE From DIATY
UNDERLYING CONDITION last.			
_			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO	THE	1 1	La Kin
DISEASE OR CONDITION CAUSING IT.		stare of membranes, 4 materia	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 178. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? Wor No. 20B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, lorm, loctory, street,	in or obout 21 C. WHERE DID (II in Bolt	timore City, give exact location)
C DEATH (notily medical examiner)	etc.)	Marie Stage, Marie Science	
	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le	
(ATROX)	Work At Work		
22. I certify that (1) (this haspital) attende	Con 1		OCTOBER 3 19 0 (
that ((1) (we) lost sow the deceased alive	on October 3		apinian death occurred on the dote
ond haur and from the couses stated abave	. (1) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE			23B. DATE SIGNED
Will a Million of	M.D. AH	lending Med. Stoff	10/3/17
23 C. PHYSICIANS	Phy	23D. ADDRESS	10/2/01
NAME (Type)		Si Hacatal	E Ballinger
1 HILLON 7. 9010 U.E	ried M.D.	-> CACHA LY WALL VICE -	DOE WILLSAL WIND
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	C. NAME of CEMETERY of CR	REMATORY THINK SHOW THE PARTY OF THE PARTY O	(City, town, or county) (State)
10/5/67		LINIVERSITY ME	DICAL SCHOOL
	AE OF REGISTRAR	25C. EUNERAL DIRECTOR	ADDRESS
OCT 1 6 1967 P.O.	6 0 T. 0	MORTUARY SERV	HCC DCHD
	IT E, Stables Mill	MANI NEKU	



IRTH NO.	61-20245		ATE OF BEATH P.	egistered Na. 67 9802
MIE CHOE	NO.	9802 BALTIMORE C		
NAME OF Type or Print	DECEASED	BA10 112. 401	2. DATE AND HO	UR OF DEATH
	MUNA	1009 Hulen	INSON 10-7-	- 69 7 5 eosed lived. If institution: residence before odn
. PLACE OF	F DEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE (Where dece	eosed lived. If institution; residence before odn
FULL NA	0.0	on institution, give street		
INSTITUTIO	ON in the	HOSPITAL		ity limits, write RURAL and give township
7 -	morcy	AUSTINE	D. STREET ADDRESS (If rurol, g	more
0/				
-	Lance			What coal St.
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE lost bir	E (In years rihdoy) If Under 1 Yr. If Under 1 Months Doys Hours
OA, USUAL	OCCUPATION (Give kind of wo	ork 108. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign cou	intry) 12. CITIZEN OF
one during m	ost of working life, even if retired))	BALTO, Y	NQ. WHAT COUNTRY?
3. FATHER'S	NAME,	1	14. MOTHER'S MAIDEN NAME	
	Unknow	wn	ADA MAE	Hutchewson
5. Was Dec	eased Ever in U. S. Armed Fo	orces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		35COKIII 140.		
1B. ¬	72 61	CAUSE	OF DEATH	INTERVAL BETWEE
/ /	ISEASE OR CONDITION D			ONSET AND DEA
	LEADING TO DEATH	P,	LMOWARY HYALING	membrases
(This d	oes not mean the made a	of dying, e.g., DUE TO	Line wing in fill the	TATAL
heart fa	ilure, asthenio, etc. Il mean	s the disease,		
injury a	r camplication which cause	d deoin./	7200000000	
1		(P)	-mmhtukitu	3Cf 117E
	ANTECEDENT CAUSE	DOL 10	im MATURITY	34 WE
	ES OR CONDITIONS, if	ony, giving		
rise la		ony, giving	1 mm n tukity	
rise la	ES OR CONDITIONS, if n The abave cause (A) LYING CONDITION lost.	ony, giving		
rise Id UNDER	ES OR CONDITIONS, if the above cause (A) LYING CONDITION lost.	ony, giving) slaling lhe (C)		
rise Id UNDER	ES OR CONDITIONS, if the above cause (A) LYING CONDITION lost.	ony, giving) stating the (C) CONTRIBUTING LATED TO THE		
OTHER TO THE DISEASE	ES OR CONDITIONS, if the above cause (A) LYING CONDITION lost.	ONY, giving) slating the (C) CONTRIBUTING LATED TO THE IT. NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B.	IF YES, WERE FINDINGS CONSIDERED
OTHER TO THE DISEASE	ES OR CONDITIONS, if the above cause (A) LYING CONDITION lost.	ony, giving) stating the (C) CONTRIBUTING LATED TO THE	20 A. AUTOPSY? (Yes or No) 20 B.	
rise Id UNDERI OTHER TO TH DISEASI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost.	ONY, giving Staling The (C) CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IN C	IF YES, WERE FINDINGS CONSIDERED
OTHER TO THE DISEASI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. II SIGNIFICANT CONDITIONS LE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 19B. COWAS PE	ONY, giving Staling The (C) CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OTHER TO THE DISEASI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost.	ONY, giving) slaling like (C) CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION REFORMED 21B, PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No) 20B. IN C	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
OTHER TO THE DISEASI TO OR CON DEATH OF INJU	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS RE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 19B. COWAS PER CONDITIONS CAUSE OF (notify medical examiner)	Ony, giving) slaling like (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION REFORMED 21B, PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E, INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 20B. IN C 3., in or about 21C. WHERE DID office bldg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
OTHER TO THE DISEASE OF CONTROL O	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS RE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 19B. COWAS PER CONDITIONS OF COURT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) NE (Month) (Doy) (Year ITER)	Ony, giving Staling The (C) CONTRIBUTING LATED TO THE IT. NOTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) While At Not W Work Not W Work At W.	20 A. AUTOPSY? (Yes or No) 20 B, IN C g., in or obout office bldg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
OTHER TO THE DISEASE OF CONTROL O	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS RE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 19B. COWAS PER CONDITIONS OF COURT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) NE (Month) (Doy) (Year ITER)	Ony, giving Staling The (C) CONTRIBUTING LATED TO THE IT. NOTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) While At Not W Work Not W Work At W.	20 A. AUTOPSY? (Yes or No) 20 B, IN C g., in or obout office bldg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
OTHER TO THE DISEASION OF INJU (APPROX 22. 1 ce	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost.	Ony, giving) slaling like (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (c., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work At W. al) attended the deceased fram	20 A. AUTOPSY? (Yes or No) 20 B. IN C 3. in or about 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY O	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR?
NOTHER TO THE DISEASION OF CONDEATH OF INJU (APPROX 22. 1 ce that (I)	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS LE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 19B. COWAS PER CONDITIONS (MASS OF INTERBUTING CAUSE	Ony, giving Staling The (C) CONTRIBUTING LATED TO THE IT. NOTITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.e., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W. Work At W. All attended the deceased fram Seed olive an	20A. AUTOPSY? (Yes or No) 20B. IN C 3., in or obout 121C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY O //hile	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
OTHER TO THE DISEASI TO ALL DISEASI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS HE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 19B. COWAS PEICHERY CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) LE (Month) (Doy) (Year LEY) LY CITY (we) last saw the decease are and fram the causes store and fram the causes are and fram the causes store and fram the cause of the cau	Ony, giving) slaling like (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (c., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work At W. al) attended the deceased fram	20A. AUTOPSY? (Yes or No) 20B. IN C 3., in or obout 121C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY O //hile	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR? 7 ta 10 7 19 my) (our) apinian death accurred an the
OTHER TO THE DISEASION OF INJU (APPROX 22. 1 ce that (1) and how 23A. SIGI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS ARE DEATH BUT NOT RELE OR CONDITION CAUSING THE OF OPERATION 19B. COWAS PEICHED (MONTH OF CONDITIONS) CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) ALE (Month) (Doy) (Year Cause)	Ony, giving Slaling The (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.c. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work At W. al) attended the deceased fram seed olive an O T ated above. (I) (We) (did) (did not	20 A. AUTOPSY? (Yes or No) 20 B. IN Co., in or about 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY Office or No) 21 F. HOW DID INJURY Office bldg., INJURY OCCUR? 21 F. HOW DID INJURY Office or No) 20 F. HOW DID INJURY Office bldg., Info Co., Inf	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR? 7 ta 10 7 19 my) (our) apinian death accurred an the 238, DATE SIGNED
OTHER TO THE DISEASION OF INJU (APPROX 22. 1 ce that (1) and how 23A. SIGI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS HE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 19B. COWAS PEICHERY CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) LE (Month) (Doy) (Year LEY) LY CITY (we) last saw the decease are and fram the causes store and fram the causes are and fram the causes store and fram the cause of the cau	Ony, giving Slaling The (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.c. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work At W. al) attended the deceased fram seed olive an O T ated above. (I) (We) (did) (did not	20A. AUTOPSY? (Yes or No) 20B. IN C 3., in or obout 121C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY O //hile	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR? 7 ta 10 7 19 my) (our) apinian death accurred an the 238, DATE SIGNED
OTHER TO THE DISEASION OF INJU (A PPROX 22. 1 ce that (I) and how 23A. SIGI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS HE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 19B. CO WAS PEICHED (Month) (Doy) (Year Internal Control of Conditions) LE (Month) (Doy) (Year Internal Conditions)	Ony, giving Slaling The (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.c. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work At W. al) attended the deceased fram seed olive an O T ated above. (I) (We) (did) (did not	20A. AUTOPSY? (Yes or No) 20B. 39. in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY O /hile	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR? 7 ta 10 - 7 19 my) (our) apinian death accurred an the 238, DATE SIGNED
OTHER TO THE DISEASION OF INJU (A PPROX 22. 1 ce that (I) and how 23A. SIGI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost.	Ony, giving Slaling The (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.c. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work At W. al) attended the deceased fram seed olive an O T ated above. (I) (We) (did) (did not	20A. AUTOPSY? (Yes or No) 20B. IN C g., in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY O Vhile 19 6 7 and that in (1) view the body after death. Attending Med. Stoff Phys.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR? 7 ta 10 7 19 my) (our) apinian death accurred an the 238, DATE SIGNED
VOULY OF INJU (APPROX 22. 1 ce that (1) and how 23A. SIGI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS HE DEATH BUT NOT RELE OR CONDITION CAUSING THE OF OPERATION 19B. CO WAS PEICHT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) ORE (Month) (Doy) (Year INTERPRETATION (WE) LIST SAW the decease or and fram the causes stored from the cause of the cause	Only, giving Islaling the (C) CONTRIBUTING LATED TO THE IIT. NOITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (c., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At W. Not Work At W. At	20A. AUTOPSY? (Yes or No) 20B. IN Co.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR? 7 ta 10 - 7 19 my) (our) apinian death accurred an the 238, DATE SIGNED
NOTHER TO THE PROPERTY OF INJUING A POPROX 22. I cee that (I) and hou 23A. SIGI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS ARE DEATH BUT NOT RELE OR CONDITION CAUSING THE OF OPERATION 19B. COWAS PEICE (Month) (Doy) (Year International Company) (We) last saw the decease or and fram the causes stowards (Type) CREMATION, 24B. DATE (VAL (Specify)	Ony, giving Slaling The (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.c. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work At W. al) attended the deceased fram seed olive an O T ated above. (I) (We) (did) (did not	20 A. AUTOPSY? (Yes or No) 20 B. IN Co. g., in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY O While ork 19 6 7 and that in (in the control of the control	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR? 7 ta 10 - 7 19 my) (our) apinian death accurred an the 238, DATE SIGNED
NOTHER TO THE PROPERTY OF INJUING A PROX 22. I cee that (I) and hou 23A. SIGI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost.	Only, giving Islaling the (C) CONTRIBUTING LATED TO THE IIT. NOITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (c., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At W. Not Work At W. At	20A. AUTOPSY? (Yes or No) 20B. IN Co.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR? 7 ta 10 - 7 19 my) (our) apinian death accurred an the 238, DATE SIGNED
OTHER TO THE POPULATION OF INJU (APPROX 22, 1 ce that (1) and hou 23A. SIGI	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS ARE DEATH BUT NOT RELE OR CONDITION CAUSING THE OF OPERATION 19B. COWAS PEICE (Month) (Doy) (Year International Company) (We) last saw the decease or and fram the causes stowards (Type) CREMATION, 24B. DATE (VAL (Specify)	Only, giving Islaling the (C) CONTRIBUTING LATED TO THE IIT. NOITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (c., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At W. Not Work At W. At	20A. AUTOPSY? (Yes or No) 20B. IN Co.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR? 7 ta 10 - 7 19 my) (our) apinian death accurred an the 238, DATE SIGNED
orther TO TH DISEAS! 19A.DAT 21A.AC OR CON DEATH (APPROX 22. 1 ce that (1) and hou 23A.SIGI 23C.PHY NA/	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION lost. II SIGNIFICANT CONDITIONS ALE DEATH BUT NOT RELE FOR CONDITION CAUSING TE OF OPERATION 19-B. COWAS PE CIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notify medical examiner) ALE (Month) (Doy) (Year (RY) LIVE (We) last saw the decease or and fram the causes stown and fram the cause stown an	Ony, giving slaling like (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (c., home, form, foctory, street, etc.,) (Hour) 21E. INJURY OCCURRED While At Not Work At Work all) attended the deceased fram seed olive an One Town At Work AT PENALTH FLORM. 24C. NAME of CEMETERY or	20A. AUTOPSY? (Yes or No) 20B. IN Co., in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY O While 19	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) OCCUR? 7. ta



VS 150-REV. 1/1/65

Such

	ERTIFICATE OF DEATH Registered No.				E CASE NO.
	October 11,1967	iam	William	SIMS,	ype or Print)
FU	A. USUAL RESIDENCE (Where deceased lived, If in a State B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write Baltimore	ution, give sheet tration Hospital Blvd.	or institution, g Inistrat ven Blvd		FULL NAME ON HOSPITAL OR INSTITUTION
	AARRIED 8. DATE OF BIRTH 9. AGE (In years	RRIED, NEVER MARRIED		6. RACE	SEX
	10-25-89	lvorced	Divor	White	Male
one		IL Fields		CUPATION (Give kind of work of working life, even if refired) Ld Worker	ne during most of v
3. F	14. MOTHER'S MAIDEN NAME			AME	FATHER'S NAM
	Margaret Claurences				Edward Si
Yes,	RITY NO. Records	16. SOCIAL SECURITY NO. 564-16-8296	s of service)	ed Ever in U. S. Armed For wn) (III yes, give wor or dote 4/17 to 191	Yes
- 1	Arteriosclerosis, generalized w put to myocardial and cerbral ische marked nephrosclerosis	ma	dying, e.g., The disease, deoth.)	ASE OR CONDITION DI LEADING TO DEATH not mean the made of e, osthenia, etc. It meons omplication which caused ANTECEDENT CAUSES	(This does n heorl foilure, injury or com
	marked nephrosclerosis (B) DUE TO (C)	e.g., DUE TO my masses, DUE TO giving the (C)	dying, e.g., the disease, deoth.)	LEADING TO DEATH nol mean lhe made of e, oslhenia, elc. Il meons omplication which caused	Olseas (This does need follower, injury or community or
ATION	marked nephrosclerosis (B) DUE TO (C) (C) conic bronchitis, marked(almost hemoplasm, R hilum; Pericarditis, old; Peration [20.A. AUTOPSY? (Yes. or No.] 208. IF YES, WERE	e.g., put to my man and the ma	dying, e.g., the disease, deoth.) any, giving stoling the CONTRIBUTING VIED TO THE T. IDITION FOR W	LEADING TO DEATH not mean the made of e, osthenia, etc. If meons omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last. II SMIFICANT CONDITIONS OF DEATH BUT NOT RELA OF OPERATION 198. CON OF OPERATION 198. CON	OTHER SIGNI TO THE DI DISEASE OR
AL CERTIFICATION	marked nephrosclerosis (B) DUE TO (C) Onic bronchitis, marked(almost hemoplasm, R hilum; Pericarditis, old; Pericarditis, old	e.g., pue to my like (C) chronic brown neoplasm, R FOR WHICH OPERATION	dying, e.g., the disease, deoth.) any, giving sloting the CONTRIBUTING NIED TO THE T. DITTON FOR W FORMED	LEADING TO DEATH not mean the made of e, ostheria, etc. It meons omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last. II STIFICANT CONDITIONS CODEATH BUT NOT RELADER CONDITION CAUSING	OTHER SIGNI TO THE DISEASE OR OTHER SIGNI TO THE DISEASE OR 19A.DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (noify
MEDICAL CERTIFICATION	marked nephrosclerosis (B) DUE TO (C) conic bronchitis, marked (almost hemoplasm, R hilum; Pericarditis, old; Peration 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA FINJURY (e.g., in or obout 21C. WHERE DID octory, street, office bldg., INJURY OCCUR?	e.g., DUE TO my man and the ma	dying, e.g., The disease, deoth.) any, giving stoling the CONTRIBUTING ATED TO THE T. DITION FOR W FORMED 21 B. home etc.) (Hour) 21 E. Whil	LEADING TO DEATH not mean the made of e, osthenia, etc. If meons omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	OTHER SIGNITO THE DISEASE OR CONTRIBUTION OR CONTRIBUTION OF C
MEDICAL CERTIFICATION	marked nephrosclerosis (B) DUE TO (C) Conic bronchitis, marked(almost hemology) Conic bronchitis, marked(al	e.g., Bease, DUE TO MY Strong Ihe (C) Chronic brown neoplasm, R FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.) 21E. INJURY OCCURRED While At Mork At Work At Work ded the deceased from October 11.	dying, e.g., the disease, deoth.) any, giving stoling the CONTRIBUTING ATED TO THE T. DITION FOR W FORMED 21B. home etc.) (Hour) 21E. Whit Work Ottended the dalive on	LEADING TO DEATH not mean the made of e, osthenia, etc. It meons omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION I ast. III STIFICANT CONDITION CAUSING OF OPERATION 179B. CON WAS PER DENT WAS UNDERLYING BUTTING CAUSE OF LIfty medical exominer) (Month) (Doy) (Year) fy that (**) (this hospital) is to saw the decease of the conditions of	DISEASE (This does not heard foilure, injury or community or community or community or community or community or community or contribution of contribution of injury (APPROX.)
MEDICAL CERTIFICATION	marked nephrosclerosis (B) DUE TO (C) Conic bronchitis, marked(almost hemoplasm, R hilum; Pericarditis, old; Peration PERATION 20A. AUTOPSY? (Yes or No) PERATION 20A. AUTOPSY? (Yes or No) PERATION 20A. AUTOPSY? (Yes or No) PERATION 20B. IF YES, WERE IN CERTIFYING CA IN CERTIFYING CA (If in Boltimos octory, street, office bldg., INJURY OCCUR? Not While At Work 21F. HOW DID INJURY OCCUR? Not While At Work Seed from October 3. 19 67 to Oct	e.g., Bease, DUE TO MY Strong Ihe (C) Chronic brown neoplasm, R FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.) 21E. INJURY OCCURRED While At Mork At Work At Work ded the deceased from October 11.	dying, e.g., the disease, deoth.) any, giving stoling the CONTRIBUTING ATED TO THE T. DITION FOR W FORMED 21B. home etc.) (Hour) 21E. Whit Work Ottended the dalive on	LEADING TO DEATH not mean the made of e, osthenia, etc. It meons omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION I ast. INTERPRETATION TO THE ANTER CONDITIONS C	DISEASE (This does not heard foilure, injury or community or community or community or community or community or community or contribution of contribution of injury (APPROX.)
MEDICAL CERTIFICATION	marked nephrosclerosis (B) DUE TO (C) Conic bronchitis, marked(almost hemology) Conic bronchitis, marked(al	Gease, DUE TO MY Sease, DUE TO MY Sease, DUE TO MY Sease, DUE TO MY SIVE TO SIVE TO THE NEOPLASM, R FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, sheet, office) 21E. INJURY OCCURRED While At Work Not While At Wo	dying, e.g., the disease, deoth.) any, giving stoling the CONTRIBUTING ATED TO THE T. DITION FOR W FORMED 21B. home etc.) (Hour) 21E. Whit Work Ottended the dalive on	LEADING TO DEATH not mean the made of e, osthenia, etc. It meons omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION I ast. INTERPRETATION TO THE ANTER CONDITIONS C	OTHER SIGNI TO THE DI DISEASE OR TO THE DI T

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

Let : \$100m00

IMPORTANT

FUNERAL DIRECTOR:

	BALTIMORE CIT	Y HEALTH DEPARTMENT	0004
BIRTH NO. 67	9804 CERTIFICA	ATE OF DEATH Registere	d No. 67 9804
M.E. CASE NO.	CLKTITICA	ALL OF DEATH	
Type or Print)	7	2. DATE AND HOUR OF	
Freesland, Ua	rolyn McDaniel	Oct. 11, 196	7 12:50 P.
PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ed. It institution; residence before admission
FULL NAME OF (If not in hospital or	institution, give streel	South Carolina	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
U.S. Public Health Se	rvice	Charleston	11-37
3100 Wyman Park Drive		D. STREET ADDRESS (If rurol, give tocot	ion)
		738 Parkside Dr.	
- SEX 6. RACE 7.	. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	Months Doys Hours Min.
Male Coversion	WIDOWED, DIVORCED (specify)	To-1 20 3 002	Months Doys Hours Min.
Male Caucasian	Married OB. KIND OF BUSINESS OR INDUSTR	Jul-26-1903 64. Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
Accountant		North Carolina	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John J. Freesland		Elizabeth Robbins	
. Was Deceased Ever in U. S. Armed Force	s? 16. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO. 255 03 7061	Poponda Hebric Heerit	
		Records USPHS Hospit	
18.204.31	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY)	
LEADING TO DEATH	(A)	Glymanary and ET howards	-1
(This does not meon the mode of d	lying, e.g., DUE TO	and and	
heart failure, asthenio, etc. It means It injury or complication which coused d	he disease,	0	
	(8)	Pute Myclogenous Lowlenia	
ANTECEDENT CAUSES	DOE TO		
DISEASES OR CONDITIONS, if on			
rise to the obove couse (A) s UNDERLYING CONDITION lost.	slaling the (C)		
11			
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING		
TO THE DEATH BUT NOT RELATI	ED TO THE	mary evebolus	
19A. DATE OF OPERATION 119B. CONDI			WERE FINDINGS CONSIDERED
WAS PERFO			NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIRY (e.g.	in or obout 21 C. WHERE DID (If in I	Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, farm, foctory, street,	office bldg., INJURY OCCUR?	Site Sauci loconom
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Year)	(Hour 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROXI	While At Not Wh		
		. /	1
22. I certify that (this hospital)	ottended the deceosed fram		Oct11 1961
thotal (we) lost sow the deceased	olive on Oct 11	19.67 and that in (or	ur) opinion death accurred on the
and hour and from the causes states	d above (Wa) (did)		
23A. SIGNATURE	G 000 versity (me) (did) (view ine body offer deoffi.	DATE COMED
	1/54	Monding - AAnd - Staff -	23B. DATE SIGNED
1 Tr Voler		ttending Med. Stoff plys. Phys.	Oct 12 1967
23C. PHYSICHAYS	0	23D. ADDRESS	. / 0
NAME (Type)	M.D	1150HS Han Book	In leed
AA BURIAL CREATION SAR DAY	031610	COLORD ACRO WILL	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	(City, town, or county) IState
Removal Oct. 12,	. 67 Carolina Mem	orial Garden's Charlest	ion, S. C.
	5B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADD/ESA.
DCT 1 6 1967 V			
901 40 1301 11		711. 17 1	2 Boilto, my
'S 150-REV. 1/1/65	Robert E. Farbeina	Wmf Ticknes o	Sono mothers

Ringway and Et humshage. Rate Hydiogram hadones.

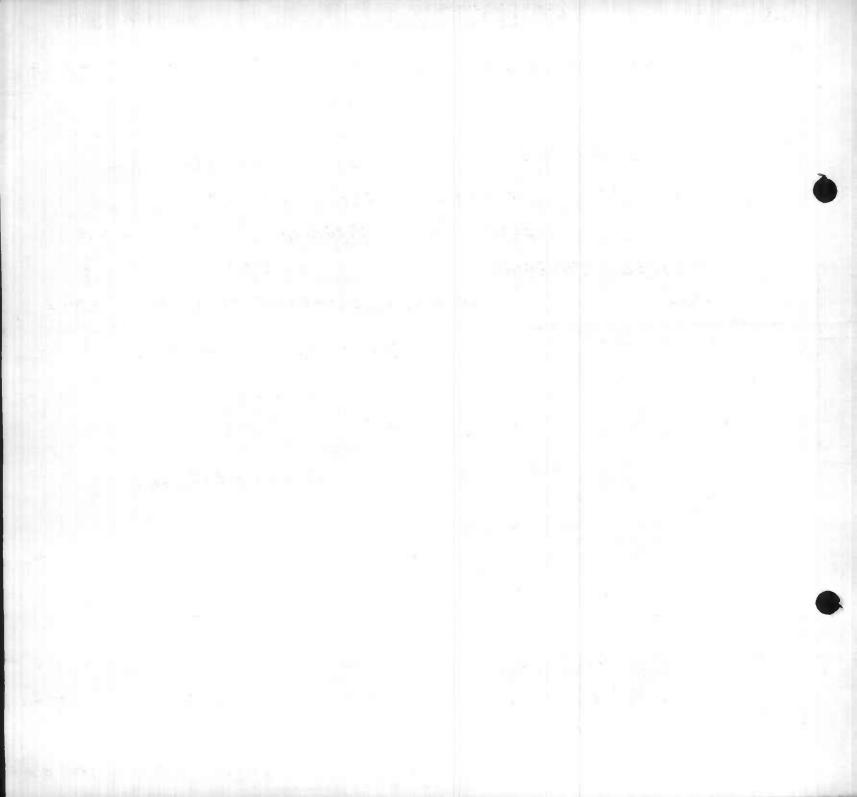
Perkuruang endelus

CO-11 67 Com 67

WASSER LIER WANTER FORTER

Uspite they Beet huse

PLACE OF DEAT	TH IN BALTIMORE, MA	RYLAND	- CK 18) AIV -	4. USUAL RESIDENCE (When	e deceosed lived. If i	7 7:42 A
FULL NAME OF	(If not in hospital oddress or location		give street	MD.		RURAL and give township)
INSTITUTION	ougless of loconor				tside city limits, write	RURAL and give township)
2	c 00101	, _		D. STREET ADDRESS (IF	rurol, give location)	
	S, BAYL		NEVER MARRIED	B. DATE OF BIRTH	BAYLIS	T 16 11 .4 . 3 V . 16 11 .4 . 24 11
SEX No.	W	WIDOWED	D, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		108, KIND OF	RIED BUSINESS OR INDUSTRY	5 F PT. 23 1891	gn country)	12. CITIZEN OF WHAT COUNTRY?
ne during most of we	orking life, even if retired)	BETH	STEEL	VIRGINIA		L/ S A
FATHER'S NAM	E	0-11		14. MOTHERS MAIDEN NAM	ME	
WINFRE	ED THUR	PMAN		U	NK	
Wos Deceased les, no or unknown)	Ever in U. S. Armed For (If yes, give wor or date	ces?	SECURITY NO.	17. INFORMANT		ADDRESS
UNK				CATHERINE	THURMA	N ABOVE
18.1150	.01		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OF	uslhenia, elc. II means olication which caused NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last.	ony, giving	(B)			
DISEASES OF TISE IN THE UNDERLYING	NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last.	ony, giving staling the	(C)			
DISEASES OF TISE IN THE DESCRIPTION OF THE DESCRIPT	NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. ICANT CONDITIONS C ATH BUT NOT RELA- CONDITION CAUSING I	ony, giving stating the CONTRIBUTING ATED TO TH	G ESOPHAG	EAL DIVEA	2 T) C 4 2 ()	FINDINGS CONSIDERED
DISEASES OF TISE IN THE DESCRIPTION OF THE DESCRIPT	NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last.	ony, giving staling the CONTRIBUTING ATED TO THIS.	G ESOPHAG		208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFITO THE DE. DISEASE OR C. 19A. DATE OF C. 19A. ACCIDENT OR CONTRIBUTE DEATH (notify to the contribute of the	NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 1798. CON	ony, giving stating the CONTRIBUTION ATED TO THE STATE OF	DUE TO (C) G E E S O PH A E WHICH OPERATION PLACE OF INJURY (e.g., integration of the control	EAL DIVEA	OB. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OTHER SIGNIFITO THE DE DISEASE OR CONTRIBUT DEATH (notify of	NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. I CANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CONWAS PERITURES CAUSE OF	ony, giving staling the CONTRIBUTION ATED TO THIT. IDITION FOR V FORMED 218, hometc.	DUE TO (C) GE ESOPHAG WHICH OPERATION PLACE OF INJURY (e.g., i re, form, foctory, street, o) INJURY OCCURRED	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	OB. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFITO THE DE DISEASE OR CONTRIBUT DEATH (notify of	NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING ING CAUSE OF medical examiner	ony, giving staling the CONTRIBUTION ATED TO THIT. IDITION FOR V FORMED 218, hometc.	DUE TO (C) G E E S O DH A E WHICH OPERATION PLACE OF INJURY (e.g., in the property of the property) INJURY OCCURRED ile At Not Whill	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	OB. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFITO THE DE CONTRIBUT DEATH (notify of INJURY (APPROX.)	NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PERION (Month) (Doy) (Year)	ony, giving stating the CONTRIBUTING ATED TO THAT. IDITION FOR A FORMED 218. hometc. (Hour) 21E. Wh. Wo.	DUE TO (C) G E E S O PH A C WHICH OPERATION PLACE OF INJURY (e.g., in the control of the con	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location)
OTHER SIGNIFITO THE DE CONTRIBUT DEATH (notify of INJURY (APPROX.)	NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PERION (Month) (Doy) (Year)	ony, giving stating the CONTRIBUTING ATED TO THAT. IDITION FOR A FORMED 218. hometc. (Hour) 21E. Wh. Wo.	DUE TO (C) G E E S O PH A C WHICH OPERATION PLACE OF INJURY (e.g., in the control of the con	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location)
DISEASES OF TISE TO THE DE DISEASE OF CONTRIBUT OR CONTRIBUT DEATH (notify (APPROX.) 21 A. ACCIDENT OR CONTRIBUT DEATH (notify (APPROX.) 22. I certify that (I) (wo) I and hour ond	NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PERITING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospital last sow the decease from the causes state of the cause of the causes state of the cause of the caus	ony, giving stating the CONTRIBUTION FOR A TO THE CONTRIBUTION FOR A T	DUE TO (C) GE ESOPHAG WHICH OPERATION PLACE OF INJURY (e.g., in the company of the company o	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location) Fig. 19 inion death occurred on the continuous conti
DISEASES OF TISE TO THE DE UN DERLYING OTHER SIGNIFITO THE DE DISEASE OR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CAPPROX.) 21 D. TIME OF INJURY (APPROX.) 22. certify that (I) (wee)	NTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. I CANT CONDITIONS CATH BUT NOT RELATION 198. CON WAS PERION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING (CONDITION) (Mas Perion Cause of Mas Perion (Month) (Doy) (Yeor) That (1) (this hospital last sow the decease from the causes stored	ony, giving stating the CONTRIBUTING ATED TO THAT. IDITION FOR A FORMED 218, hometc. (Hour) 21E. Wh. Wo.	DUE TO (C) G E E S O PH A C WHICH OPERATION PLACE OF INJURY (e.g., in the control of the con	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimo	re City, give exact location) 7 - 11 - 67 19
OTHER SIGNIFITO THE DE DISEASE OF CONTRIBUT DEATH (notify of INJURY (APPROX.)	NTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. I CANT CONDITIONS CATH BUT NOT RELACTION CAUSING OPERATION 198. CON WAS PERIOD CAUSE OF medical examine) (Month) (Doy) (Yeor) that (1) (this hospital last sow the decease from the causes stores.)	ony, giving stating the CONTRIBUTING ATED TO THAT. IDITION FOR A FORMED 218, hometc. (Hour) 21E. Wh. Wo.	DUE TO (C) G E E S O PH A C WHICH OPERATION PLACE OF INJURY (e.g., in the control of the con	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimo	re City, give exact location) 7 - 11 - 67 19
DISEASES OF TISE TO THE DE DISEASE OF CONTRIBUT OR CONTRIBUT DEATH (notify (APPROX.) 21 A. ACCIDENT OR CONTRIBUT DEATH (notify (APPROX.) 22. I certify that (I) (wo) I and hour ond	NTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. I CANT CONDITIONS CATH BUT NOT RELACTION CAUSING OPERATION 198. CON WAS PERIOD CAUSE OF medical examine) (Month) (Doy) (Yeor) that (1) (this hospital last sow the decease from the causes stores.)	ony, giving stating the CONTRIBUTING ATED TO THAT. IDITION FOR A FORMED 218, hometc. (Hour) 21E. Wh. Wo.	DUE TO (C) G E E S O PH A C WHICH OPERATION PLACE OF INJURY (e.g., in the control of the con	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimo	re City, give exact location) 7 - 11 - 67 19
DISEASES OF TISE IN THE DE LINE OF INJURY (APPROX.) 21 A. ACCIDENT OR CONTRIBUT DEATH (notify of INJURY (APPROX.) 22. I certify that (I) (wo) I and hour and 23A. FIGNATUR 23C PHYSICIAN NAME (Typ.)	NTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. I CANT CONDITIONS CATH BUT NOT RELATION CAUSING OPERATION 198. CON WAS PERIODICAL CAUSE OF medical examine) (Manth) (Doy) (Year) That (1) (this hospital last sow the decease from the causes stated from the cause stated from the causes stated from the cause stated from the caus	ony, giving stating the CONTRIBUTING TED TO THIT. IDITION FOR (Hour) 21E. Whometc. (Hour) 21E. Whometc. (Hour) 21E. Whometc.	DUE TO (C) G E E S O DH A G WHICH OPERATION PLACE OF INJURY (e.g., in the control of the con	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or	URY OCCUR? 19 ta 0 op Stott Phys. Stott Phys. CONTINUE TO STOTE THE ST	re City, give exact location) The City, give exact location of the city of th
DISEASES OF TISE IN THE DE LINE OF THE DE LINE OF THE DE LINE OF THE DE LINE OF THE DEATH (notify of LAPPROX.) 21 A. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (wo) I and hour and line of LAPPROX.	NTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. I CANT CONDITIONS CATH BUT NOT RELATION CAUSING OPERATION 198. CON WAS PERIODICAL CAUSE OF medical examine) (Manth) (Doy) (Year) That (1) (this hospital last sow the decease from the causes stated from the cause	ony, giving stating the CONTRIBUTING TED TO THIT. IDITION FOR (Hour) 21E. Whometc. (Hour) 21E. Whometc. (Hour) 21E. Whometc.	DUE TO (C) G E E S O DH A G WHICH OPERATION PLACE OF INJURY (e.g., in the control of the con	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or	URY OCCUR? 19 ta 0 op Stott Phys. Stott Phys. CONTINUE TO STOTE THE ST	re City, give exact location) The City, give exact location of the city of th
OTHER SIGNIFITO THE DE DISEASE OR OTHER SIGNIFITO OR CONTRIBUTE OF INJURY (APPROX.) 21. L. C.	NTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. I CANT CONDITIONS CATH BUT NOT RELATION CAUSING OPERATION 198. CON WAS PERIODICAL CAUSE OF medical examine) (Manth) (Doy) (Year) That (1) (this hospital last sow the decease from the causes stated from the cause	ony, giving stating the CONTRIBUTING TED TO THIT. IDITION FOR (Hour) 21E. Whometc. (Hour) 21E. Whometc. (Hour) 21E. Whometc.	DUE TO (C) G E E S O DH A G WHICH OPERATION PLACE OF INJURY (e.g., in the control of the con	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or	URY OCCUR? 19 ta 0 op Stott Phys. Stott Phys. CONTINUE TO STOTE THE ST	re City, give exact location) 7 - 11 - 67 19



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

MARYLAND
MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAND

MARYLAN

BALTIMORE CITY HEALTH DEPARTMENT

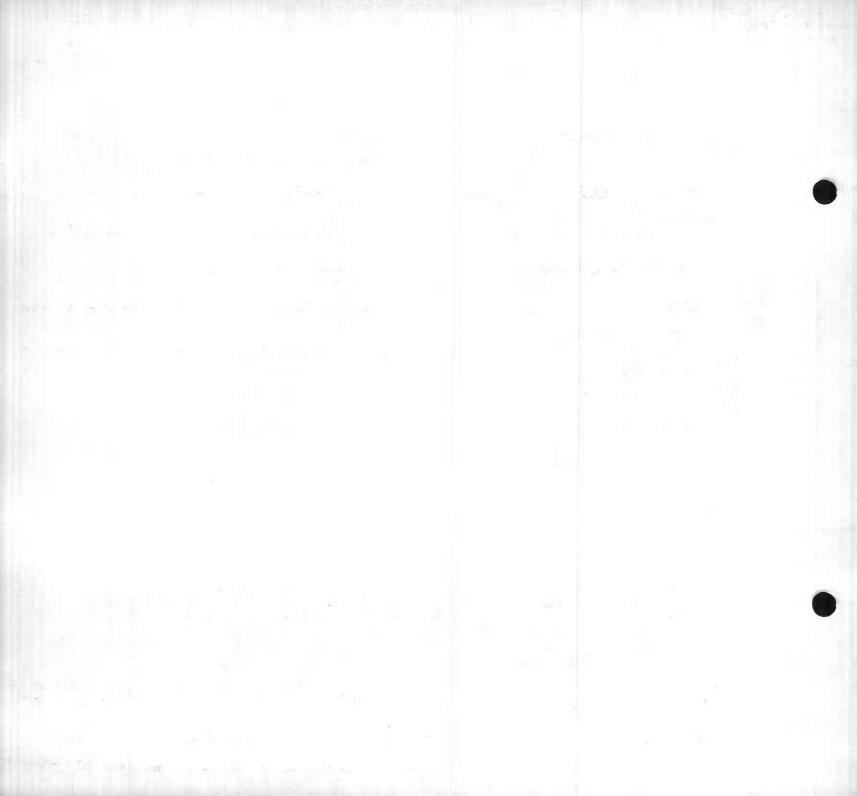
<	_ (1	>])
	and	pest	the	Such	
	of do	Dece	uo e	th.	
	hosp	(5)	lance	dea	
	in a	Juse;	ttenc	or to	
	red	ed co	ar a	pric	de.
	occur	rmin	Inga.	ased	is ma
	or co	ndete	in	dece	tion
	if de	4) Ur	Was	the	sposi
ANI	tant e dir	nd; (eath	uo e	al di
ORT	assis if th	ny ki	p pe	Jance	r fin
MP	r his	of a	ounce	ttend	ped o
FUNERAL DIRECTOR: IMPORTANT	er.	cture	pron	lar a	baln
CTO	amin	A fra	/ho	regu	e em
IRE	al ex	; (3)	an v	e in	ins ai
AL C	nedica	ourns	ysici	Wa:	emai
VER	a m	ody k	ne ph	sicial	the r
FU	he ch	(2) 8	re th	phy	fore
	by t	ure;	whe	ON C	ed be
	oved e hos	nat	cept	9) Pu	taine
	appr to th	f any	II (ex	1); 0	se ob
	st be	ento	spita	death	1 tsou
	relec	accid	a ho	r to	val n
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	prio	written approval must be obtained before the remains are embalmed or final disposition is made.
	certif	rs: (1)	D.O.	ased	en a
	is e	3	SID	00	Ξ

0/ 3000	ITY HEALTH DEPARTMENT	67 9808
BIRTH NO. M.E. CASE NO.	CATE OF DEATH Registered No.	0. 0000
1, NAME OF DECEASED	2. DATE AND, HOUR OF DEATH	^
TYPE OF PRINT TANET SCHOOSS.	10/12/67	14:311
PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If in	stitution residence before admi
	A. STATE B. COUNTY	siliulion, lesidence delore durin
FULL NAME OF (II not in hospital or institution, give street	MD	
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
INSTITUTION		27-1
42 SINAL HOSP	D. STREET ADDRESS (If rurol, give location)	0/1
49 DINNI HOSE	Δ	. 0
	5941 WESTERN R	IV DRIVE
SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 2
WIDOWED, DIVORCED (specify)	1-6-1909 lost birthdoy) 58	Months Doys Hours A
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS)		12. CITIZEN OF
one during most of working life, even if retired)	TIL TIL BIKENFEACE (Store of foreign Country)	WHAT COUNTRY?
	MARYLAND	USa
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
MAX	LENA	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
NO	HARLEM R. SCHLOSS	SAME
1B. CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	EUS (? ETTOLOGY) & SHOO	ONSET AND DEAT
LEADING TO DEATH	ENS (2 ETTAINGE) = SHOO	K 10/11-10/12/
(This does not mean the made at dying, e.g., DUE TO		4.
heart failure, asthenio, etc. It means the disease,		1 ()
injuly or camplication which coused death.)	ESENTERIC HETERIAL OCCLUS	104 8/8-10/17/
ANTECEDENT CAUSES	TENTENTO THE PARK OCCURS	10% 01-2
DISEASES OR CONDITIONS, if any, giving		Į
rise to the obave cause (A) stoling the (C)	***************************************	
UNDERLYING CONDITION Iosi.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	
WAS PERFORMED	IN CERTIFYING CAL	JSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or obout 21 C. WHERE DID (If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	olfice bldg., INJURY OCCUR?	
DEATH (notify medical examiner) etc.)		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While At Not V		
(APPROX.)		10
22. I certify that (this hospital) attended the deceased fram	8/1)/6/ 19 to 10//	2/67 19
that (I) (we) last saw the deceased alive an Office		nian death accurred an th
and have and from the causes stated above. (1) (We) (did) (did not	r) view the bady after death.	
23A. SIGNATURE	FOUSE STAFF	23B. DATE SIGNED
M.D.	Attending Med. Stoff	inter 1,0
110uta		10/10/01
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	7
BRUG ETTINGED M.	.D.	
Januar Pillioop		
24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (Cit	ly, town, or county) (SI
Bure (10/15/6) (12 lengto	Balta	M
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN	25C, FUNERAL DIRECTOR	ADDRESS
		a anyse
OCT I R 1967 O O A G SELD W	Sylvan S. Jauis 2 Ser	line my
/S 150-REV, 1/1/65		

8-18-67- Jun Ein

-			1		-
	- 1	6	1	5	
Anna			6	Y	
	D -E	0	9	13	
	2 0	S	=	2	
	0	0		S	
	= 0	0	ř		
	5 4	0	O	Ė	
	- 0	Ď	0	±	
	S		V	0	
	0 0	5	=	D	
	- 5	_	8	_	
	0 0	0	č	0	
	0	S	0	_	
	, E m	2	=	-	
	_ 5	ö	0	.0	
	0 -=	-		-	o i
	F 3	0	0	_	D
	7.0		Ť	0	0
	2.5	=	2	0	E
	OF	E	0	25	10
	0	0	-	ě	
	40	4	-	Ü	=
	B .	Ö	.=	Te	.0
	0 0	=	N	0	.=
	TO .	\supset	0	0	S
	4	2	3	=	0
Jan.	0	Z		-	S
7	===		2		D
	8	O	t	0	_
A	÷ 0	=	0	6)	0
-	· = -	×	D	Ü	=
FUNERAL DIRECTOR: IMPORTANT	55	>	_	E	4
0	8 %	=	0	유	-
0	w .	8	Ü	ĕ	O
~	E 0	-		0	TO
<	- 0	0	2	=	0
	0 4	0	č	0	E
	L	5	0	h-	8
04	9 5	8	-	0	٩
7	.5 5	ö	0	=	F
9	E .=	-	0	6	0
4.3	BE.		Ž	0	0
0	XB	Q.	3	-	-
-	OX	~		-	0
•	_ "	~	=	.=	S
\overline{a}	<u> </u>		0	v)	.=
	.= 0	S	V	0	0
	D .=	-	S	3	E
4	2 0	2	5	-	0
0	E 5	-	d	8	No.
ш	4	>		:5	9
7	= 0	0	9		4-
-	C	ä	-	>	0
	0.0	_	6	2	-
	= =	N	1	0	f
	+ 8		e	0	0
	>. =	0	ż	Z	70
	0 0	5	>	-	D
	PO	Ξ	=	9	9
	2.0	5	-	_	-=
	0 0	-	Ü	P	0
	7-5	5	X	8	٩
	0 +	8	9	-	0
	E 2	-	_	-	0
	0 -	0	0	£	-0
	o p	+	.=	8	÷5
	+ 8	F	5	0	2
	0 0	Ď	0	T	E
	<u> </u>	Ĭ	ع	0	_
	E 0	č		+	0
	0	D	-	-	>
	as as	=	0	.2	5
	5 5	4		0	0
	£ >	-	4	_	0
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	5	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	9		2	S	=
	5 0	S	4	D	10
	5	>	S	Ce	-
	4	ř	0	0	-
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🦰	3	U	3

67 0	000	HEALTH DEPARTMENT		67 9809
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	07 0000
1 NAME OF DECEASED	CAPLAN		12-6	712,357
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where d		
		A. STATE B. COUNTY		
FULL NAME OF (If not in hospital or institution oddress or location)	ion, give street	C. CITY OR TOWN (If outside	more	
INSTITUTION		Baltimore	e city limits, write KOK	27_/
1 LEVINDALE			l, give location)	04/-/
		1 1 1 1 1 1 1	brew Hon	ab believe
SEX 6. RACE 7. MARR	RIED, NEVER MARRIED	a pare as americal	105 //	Under 1 Yr. If Under 24 H
Male W WIDO	WED, DIVORCED (specify)	1881 lost	birthdoy)	lonth's Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) [1	2. CITIZEN OF
one during most of working life, even if retired)		Russia		WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME		4200
		- 1		
NOT KNOWN		NOT KNO	WW	
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		Louis DAPLAN	4106	New DERV 40
18. / G / VI	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		7		ONSET AND DEATH
LEADING TO DEATH	(A) T	ronchopulu	uone	2 day
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO			U
injury ar camplication which caused death.)		'		
ANTECEDENT CAUSES	(B)		0 00 000 0 00 tabban na mama na mana na mana a a a a a a a	•••••••••••••••••
DISEASES OR CONDITIONS, if any, given	ving			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	mm in Sirindi in 10 mm	0 000 0 000 0 000 0 000	
O THE SIGNIFICANT CONDITIONS CONTRIBU				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	08. IF YES, WERE FINE	DINGS CONSIDERED
X /		no		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact tocation)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While At Not While	e		
	Work At Work			A
22. I certify that (I) (this hospital) attend		19.	J. 4 to) - 12/1967
that(1) (we) lost sow the deceased alive			in(my) (our) opinio	n death occurred on the
ond hour and from the couses stated abov	e. (1) (We) (did) (did not)	riew the body ofter deoth.		
23A. SIGNATURE			23	B. DATE SIGNED
/ Ardaiz	M.D. Att	ending Med. Sto Sto Director Phy	ff S. X.	12-12-67
23 C. PHYSICIAN'S	,	23D. ADDRESS		BALTIAN
JOSE ARDAIZ	M.D.	5912 CROSS	COUNTRY	BIVAD, DALLIMO
7.30	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCA	ATION (City)	∠ L∠ L∆
REMOVAL (Specify)	A CHARLEST OF CK	240. [00]	(City,	town, or county) (State
Bureal 10/13/6/	Naseg	ve 18	alter	ING
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 2 .1	ADDRESS
DCT 1 6 1961 Of Cul	5 E. Fallenna	Sylvan 3.	Leuro & Sr	willow much
S 150-REV. 1/1/65	0. / 4			

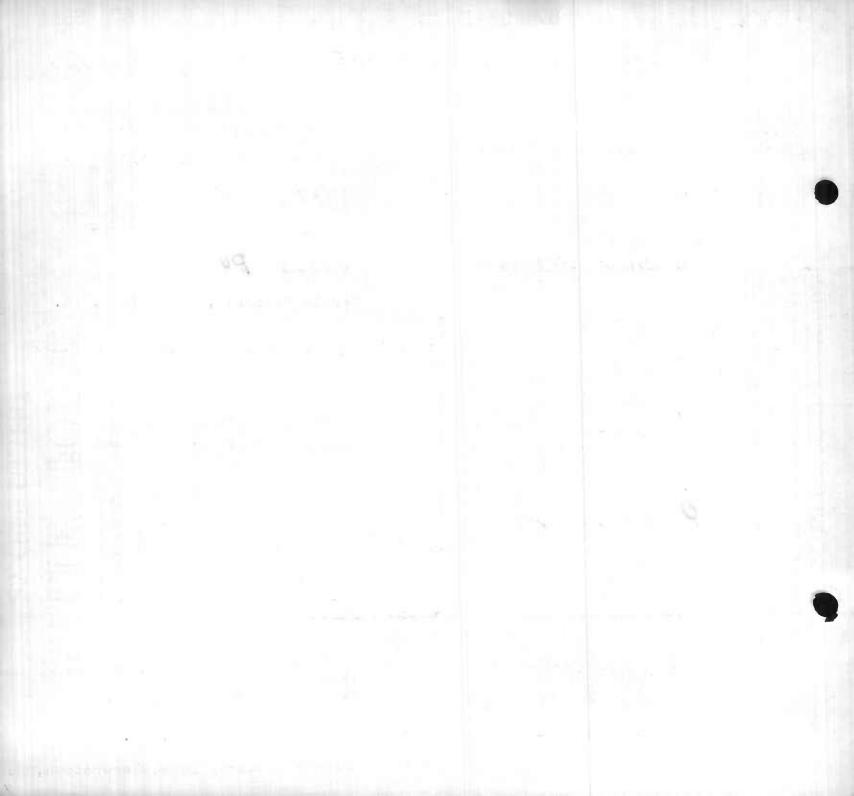


M.E	6/	9810		0- 0- 1- 1	Danish and No	67 98
	H NO.	C	ERTIFICATE (OF DEATH	Registered Na.	07 30
	AME OF DECEASED				D HOUR OF DEATH	
	Morris C.			10-	-3-67	11:0
, F	LACE OF DEATH IN BALTIMORE, MA	RYLAND	4. US	MAL RESIDENCE (When	e deceased lived. If in	nstitution; residence before
- 1	OSPITAL OR oddress or locotion	or institution, give stree		303 Jeffer	son Stree	t Sauth
1	NSTITUTION	1 . 5	-0		aryland	do give lownshi
- (X4- (1 a-re-1 1	Leshela	D. ST		rurol, give location)	23-00
/	The original !					
5. S	EX 6. RACE	7. MARRIED, NEVER	MARRIED 8. DAT	E OF BIRTH	9. AGE (In years	If Under 1 Yr. II U
	m E	married	CED (specily)	-23-01	lost birtheay)	Months Doys Hours
tóà	USUAL OCCUPATION (Give kind of wor					12. CITIZEN OF
done	during most of working life, even if retired)	refuger	alian /) 0	m 1	WHAT COUNTRY
13.	Machinist FATHER'S NAME	ali guns	alianing (OTHERS MAIDEN NA	red.	
. 00	RIA	-	// a. M	STAIDEN NA	01	1
	1 ay Ala	ler	0	Ida	1 /h	les
15. Yes	Was Deceased Ever in U. S. Armed For i, no ar unknown) (IV) es, give war ar date		IAL URITY NO.	PRIMANT	1	ADDRESS
	ne		C	love Co	eques 1	da
	18.		CAUSE OF DEA	TH	7,	INTERVAL BE
	DISEASE OR CONDITION DI	RECTLY				ONET AND
	LEADING TO DEATH		(A) Coroz	cory Do	lusio	-
	(This does not mean the mode of heart failure, astheria, etc. 11 means	dying, e.g.,	DUE TO			
	injury or complication which caused			a + 0.	0	5
	ANTECEDENT CAUSES	;	(B) Coron	ory yew	onwo	117
	DISEASES OR CONDITIONS, IF	ony, giving	4 /		()	40
	rise la lhe above cause (A) UNDERLYING CONDITION last.	stating the	101 Mys	recol	al Duf	eretro
	ONDERCTING CONDITION IGSI.		<i>O</i>		0	
z	OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING				
ATION	TO THE DEATH BUT NOT RELA	ATED TO THE				
10/	19A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH O	PERATION 20/	A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
	WAS PER	POKWED			IN CERTIFYING CA	USES OF DEATH?
RTIFIC	21 A. ACCIDENT WAS UNDERLYING	218. PLACE C	OF INJURY (e.g., in or obc	out 21 C. WHERE DID	IIf in Boltimor	e City, give exact location
	OR CONTRIBUTING CAUSE OF	Inome, Iorm,	rociory, street, office bld	G. TINJUKT OCCUR?		
AL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	etc.)				
ICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year)		OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY While At	Not While		URY OCCUR?	
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY While At Work	Not While At Work			
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY While At Work	Not While At Work	21F. HOW DID INJ	URY OCCUR?	10-3
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY While At Work	Not While At Work	21F. HOW DID INJ	9 <u>6 O</u> to	10 -3
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D-TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital)	(Hour) 21E. INJURY White At Work I) attended the decea	Not While At Work	21F. HOW DID INJ	9 <u>6 O</u> to	
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease	(Hour) 21E. INJURY White At Work I) attended the decea	Not While At Work	21F. HOW DID INJ	9 <u>6 O</u> to	
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes sta	(Hour) 21E. INJURY White At Work I) attended the decea	Not While At Work ased fram did) (did nat) view th	21F. HOW DID INJ	9 (+ O toat in(my) (aur) apl	nian death accurred
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes sta	(Hour) 21E. INJURY White At Work I) attended the decea	Not While at Work assed from did) (did not) view the M.D. Attending Phys.	21F. HOW DID INJ 19 6 and the bady after death. Med. Director	19 <u>(F. O.</u> 10	nian death accurred
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stall 23A. SIGNATURE	(Hour) 21E. INJURY White At Work I) attended the decea	Not While At Work Dissed from - 3 did) (did not) view th 1 M.D. Attending Phys. 23D. AE	21F. HOW DID INJ	9 (+ O toat in(my) (aur) apl	nian death accurred
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stated as a substitution of the causes of	(Hour) 21E. INJURY White At Work I) attended the decea ed alive an 10 ted abave. (I) (We) (a	Not While At Work Dased from did) (did not) view the M.D. Attending Phys. 23D. AE	21F. HOW DID INJ 19 and the bady after death. Med. Director	Stoff Phys.	23B. DATE SIGNED 10-3- George M. Lo
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stated as a superior of the causes of the	(Hour) 21E. INJURY White At Work I) attended the decea ed alive an 10 ted abave. (I) (We) (a	Not While At Work Dissed from - 3 did) (did not) view th 1 M.D. Attending Phys. 23D. AE	21F. HOW DID INJ 19 and the bady after death. Med. Director	Stoff Phys.	nian death accurred
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stall 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 124B. DATE	(Hour) 21E. INJURY White At Work I) attended the decea ed alive an 10 ted abave. (I) (We) (a	Not While At Work Dased from did) (did not) view the M.D. Attending Phys. 23D. AE	21F. HOW DID INJ 19 and the bady after death. Med. Director	Stoff Phys.	23B. DATE SIGNED 10-3- George M. Lo
WEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stale 23A. SIGNATURE 23O. PHYSICIAN'S NAME (Type) . BURIAL CREMATION, 24B. DATE REMOVAL (Specily) . DATE REC'D BY HEALTH DEPT.	(Hour) 21E. INJURY White At Work I) attended the decea ed alive an 10 ted abave. (I) (We) (a	Not While At Work Dased fram	21F. HOW DID INJ 19 and the body after death. Med. Director	Stoff Phys.	23B. DATE SIGNED 10-3- George M. Lo
WEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stale 23A. SIGNATURE 23C) PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	(Hour) 21E. INJURY While At Work I) attended the deceded alive an Outed abave. (I) (We) (and the deceded abave.)	Not While At Work Dased fram	21F. HOW DID INJ 19 6 and the body after death. Med. Director Di	Stoff Phys.	23B. DATE SIGNED 23B. DATE SIGNED 20-2- George M. Zo Hy, town, or county) Maryla

FUNERAL DIRECTOR: IMPORTANT



11 1 - 1 16 4844	THE OF DEATH Registered No. 67 9811
W.E. CASE NO.	ALE OF DEATH
NAME OF DECEASED	TYNE 2. DATE AND HOUR OF DEATH 5.130 AM 1040 167
Type of Print DETERSO M STEVEN WA	14. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admissi
. PLACE OF DEATH IN BALTIMORE, MARIEAND	A. STATE B. COUNTY
FULL NAME OF (II not in hospital or institution, give street	mo. Washington o.
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
2 00	14AGERS 10WN 71-03
38 UNIVERSITY HOSP.	D. STREET ADDRESS (If rural, give location)
/	102 L. BALTO, ST
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hours Min.
m a	11964 3
A. USUAL OCCUPATION (Give kind of work 10B, KfND OF BUSINESS OR INDUSTR' ine during most of working life, even if retired)	IT 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	mo VSA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GERALD OFTERSON	BATSY PULSE
. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
	Gerald Peterson, Hagerstown, Md.
18.902 6 1 B CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	9/1/2
LEADING TO DEATH	CANIOCEREBRAL TRUMAN 8/9/67
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death,)	
ANTECEDENT CAUSES	anapotypuma va sa suuru ba van sa 60 muupiduunun suuruku a kiringad vu dabidu suurupuma a vondoorisuu mupida suurupida suurusi sa
DISEASES OR CONDITIONS, if any, giving	
rise to the above couse (A) stating the	
II 3	
Z	
TO THE DEATH BUT NOT RELATED TO THE	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
	office bldg., INJURY OCCUR?
HOME	21F. HOW DID INJURY OCCUR?
OF INTITION	
(APPROX.) 8/9/67 43 While At Work Not What Work	HILL 20 PEET, FROM OMECI
22. I certify that (1) (this hospital) attended the deceased from	8/9/67 19 10 10/9/67 19
that (1) (we) lost sow the deceased alive on.	10/19/67 and that in (my) (our) opinion death occurred on the
and hour and from the causes stated above. (1) (We) (did) (did not)	/ // '
23A. SIGNATURE	238, DATE SIGNED
1 1 1 1 1	ttending Med. Stoff
That MANGET	hys. Director Phys. 7
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
FRED N. SUGAR M.O	VNIUERSITY HOSDITAZ.
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (State
burial 10-13-67 Rose Hill C	Cemetery Hagerstown, Md.
	25C. FUNERAL DIRECTOR ADDRESS
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
act 1 6 1967 Of Sent E. Landent	Minnich Funeral Home, Hagerstown,
\$ 150-REV. 1/1/65	



	D	FUNERAL DIRECTOR: IMPORTANT	DIRECT	OR: I	MPOR	TANI			
This certificate must be approved by the chief medical examiner or his assistant if death occurred in	pproved by	the chief me	dical exam	iner of	his as	sistant	if deal	h occur	ed in
the body was released to the hospital by a medical examiner. Also, if the direct or contributing a	the hospita	Il by a med	cal exami	ner. A	100	the dir	ect or	contrib	uring
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined caus	any nature;	(2) Body bur	ns; (3) A fr	acture	of any	kind; (4) Und	etermin	od can
was D.O.A. at a hospital (except where the physician who pronounced death was in regular atte	(except wh	ere the phys	ician who	pronc	nuced	death	Was	n regula	ir atte
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior	, and (6) No	physician v	vas in reg	ular a	ttendar	ice on	the de	ceased	prior
written approval must be obtained before the remains are embalmed or final disposition is made.	obtained by	afore the ren	agins are e	mbalm	ed or f	inal dis	sposific	n is ma	e.

(Tvr	AME OF DECEASED			2. DATE	AND HOUR OF DEATH	H . 2A
71	pe or Print)	DAVID ST	ACY	10	1/13/67	12304
3. 1	PLACE OF DEATH IN BALTHAORE	MARYLAND	10 1	4. USUAL RESIDENCE (WA. STATE B. CO	here degeased lived. If	institution: residence before admis
1	FULL NAME OF (If not in hos	spital or institution, c	nive street		CECIL	-0
- 1	MOSPITAL OR oddress or to			C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
	THE JOHNS H	OPKINS H	OSPITAL	ELKTON		57-21
d	32				(If jurot, give location) SMITH'S AP	ARTMENTS 219
5. \$	SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	
			R MARRIED	10-2-67	lost birthdoy)	Months Doys Hours M
102	MALE WHITE				oreign country)	12. CITIZEN OF
don	e during most of working life, even if rel		NE	AA D		WHAT COUNTRY?
13.	FATHER'S NAME	1,10	14 2	14. MOTHER'S MAIDEN N	IAME	W.S.M
	CONTRACTOR					
1.0	BOBBY LE Wos Deceased Ever in U. S. Arme s, no oi unknown) (If yes, give wor o	E STACY	II 6 cocial		E BLANKENS	
(Ye	s, no oi unknown) (If yes, give wor o	d forces: dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No		HONE	BOBBY LEE	STACK PD	#1 ELHTON, MA,
	1B.		CAUSE O	FDEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION					OHISEI AND DEATH
X	LEADING TO DE		(A) CAR	DIG-PULMONARY	ARREST -	
	(This does not mean the mad		00000	ERE DEHYDRATIO		116
	injury or complication which co	aused death.)		INCE	GOON .	
	ANTECEDENT CA	USES	(B)			
	DISEASES OR CONDITIONS,					
	rise to the obove couse		(C)			
	UNDERLYING CONDITION las					
	UNDERLYING CONDITION IOS	,,,				
NC	OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING				
ATION	11	NS CONTRIBUTING			- 12 HE DUKAT	
FICATION	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	NS CONTRIBUTING RELATED TO THE	· VomitiNE		- 12 HR DUKAT	non
	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19.A. DATE OF OPERATION 198. WAS	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR V	VomitiNE	DIARRHEA OF	- 12 HC DUKAT	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19 A. DATE OF OPERATION 21 A. ACCIDENT WAS UNDERLY!	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS S PERFORMED	Vom 1 + 1N6	, DIARRHEA of	No) 208, IF YES, WERIN CERTIFYING C	non
ERTIFIC	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19.A. DATE OF OPERATION 198. WAS	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS S PERFORMED	WHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, o	DIARCHEA OF	No) 208, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLYING CAUSE OF CAUS	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED NG 218, hom etc.)	WHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, o	DIARCHEA OF	No) 208, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19.A. DATE OF OPERATION 21.A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED 21B, hom etc.) (Year) (Hour) 21E, Whi	PLACE OF INJURY (e.g., i e, form, foctory, street, o	DI ARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21 A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (APPROX.)	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED NG 21B, hom etc.] (Year) (Hour) 21E, Whi	PLACE OF INJURY (e.g., i e, form, foctory, street, o	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (APPROX.) 22. I certify that (I) (this has	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED 218, hom etc.) (Year) (Hour) 21E, Whi wo	PLACE OF INJURY (e.g., i e, form, foctory, street, o	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion
EDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE O DEATH (notify medical examine) 21D. TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the dec	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED 1218, hom etc. (Year) (Hour) 21E, Woi pital) attended the	PLACE OF INJURY (e.g., in the form, foctory, street, or injury occurred to the foctory of the form, foctory, street, or injury occurred to the foctory occurred to the foctory of the foctory occurred to the foctory occurred	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I	Nol 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the dec	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED 1218, hom etc. (Year) (Hour) 21E, Woi pital) attended the	PLACE OF INJURY (e.g., in the form, foctory, street, or injury occurred to the foctory of the form, foctory, street, or injury occurred to the foctory occurred to the foctory of the foctory occurred to the foctory occurred	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I	Nol 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 19 67
EDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decomposition of the couses 23A. SIGNATURE	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED 21B, hom etc.) (Year) (Hour) 21E, Whi wo spital) attended th ceased alive an	PLACE OF INJURY (e.g., i e, form, foctory, street, o INJURY OCCURRED ILLE A1 Not Whith A1 Work The deceased from	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID I	No) 208, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 10 13 19 67 pinian death accurred an the
EDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the dec	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED 21B, hom etc.) (Year) (Hour) 21E, Whi wo spital) attended th ceased alive an	PLACE OF INJURY (e.g., i e, form, foctory, street, o INJURY OCCURRED ILLE A1 Not Whith A1 Work The deceased from	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I	Nol 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 19 67
EDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21 A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21 D. TIME (Month) (Doy) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decond have and from the causes 23A. SIGNATURE	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED 21B, hom etc.) (Year) (Hour) 21E, Whi wo spital) attended th ceased alive an	PLACE OF INJURY (e.g., i e., form, foctory, street, o INJURY OCCURRED At Work At Work At Work M.D. Att Phy	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I	No) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 10 13 19 67 pinian death accurred an the
EDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decond have and from the causes 23A. SIGNATURE WARRE CTYPE)	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED 21B, hom etc.) (Year) (Hour) 21E. Whi wo spital) attended th ceased alive an s stated above. (I	PLACE OF INJURY (e.g., i e, form, foctory, street, o injury occurred Not White At Work in edeceased from	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I le	Nol 208, IF YES, WERIN CERTIFYING C	DON E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion 10/3 1967
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF OPERATION (Doy) (DEATH (notify medicol exominer) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decond haur and from the causes 23A. SIGNATURE WAS DATE OF THOMAS FABRURAL CREMATION, 124B. DATE A. BURIAL CREMATION, 124B. DATE THOMAS FABRURAL CREMATION, 124B. DATE A. BURIAL CREMATION, 124B. DATE TO THOMAS FABRURAL CREMATION, 124B. DATE A. BURIAL CREMATION, 124B. DATE THOMAS FABRURAL CREMATION THE THOMAS FABRURAL CREMATICAL CREMATION THE THOMAS FABRURAL CREMATIO	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED NG 21B, hom etc.) (Year) (Hour) 21E. Whi Wor spital) attended the ceased alive an	PLACE OF INJURY (e.g., i e, form, foctory, street, o injury occurred Not White At Work in edeceased from	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID I le	No) 208, IF YES, WERIN CERTIFYING CO. (If in Boltime INJURY OCCUR? 19 67 to that in(my) (aur) a h. Stoff Phys. 10	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 10 13 19 67 pinian death accurred an the
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decomposition of the couses and haur and from the causes 23A. SIGNATURE WAS DATE 23C. PHYSICIAN'S NAME (Type) THOMAS FAME (Type) THOMAS FAME OF THOMAS FAME (Type) A. BURIAL CREMATION, 124B. DATE	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED 21B, hom etc.) (Year) (Hour) 21E, Whi wo spital) attended the ceased alive an s stated above. (I	PLACE OF INJURY (e.g., i.e., form, foctory, street, o.e., form, foctory, s	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID I le	No) 208, IF YES, WERIN CERTIFYING CO. (If in Boltime INJURY OCCUR? 19 67 to that in(my) (aur) ath. Stoff Phys. 19	pinian death accurred an the
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF OPERATION (Doy) (DEATH (notify medicol exominer) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decond haur and from the causes 23A. SIGNATURE WAS DATE OF THOMAS FABRURAL CREMATION, 124B. DATE A. BURIAL CREMATION, 124B. DATE THOMAS FABRURAL CREMATION, 124B. DATE A. BURIAL CREMATION, 124B. DATE TO THOMAS FABRURAL CREMATION, 124B. DATE A. BURIAL CREMATION, 124B. DATE THOMAS FABRURAL CREMATION THE THOMAS FABRURAL CREMATICAL CREMATION THE THOMAS FABRURAL CREMATIO	NS CONTRIBUTING RELATED TO TH ING IT. CONDITION FOR VS PERFORMED NG 21B, hom etc.) (Year) (Hour) 21E, Whi Wo: spital) attended th ceased alive an s stated above. (I	PLACE OF INJURY (e.g., i e, form, foctory, street, o INJURY OCCURRED ILLE AT Not Whith At Work At Work Not Whith At Work Not Whith At Work Not Whith At Work At Work At Work At Work A Work	DIARCHEA OF 20A. AUTOPSY? (Yes or YES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID I le	No) 208, IF YES, WERIN CERTIFYING CO. (If in Boltime Co.) (If in Bolti	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 10 //3 19 6 pinion death accurred an the 23B. DATE SIGNED 10 //3 /6 7



VS 150-REV. 1/1/65



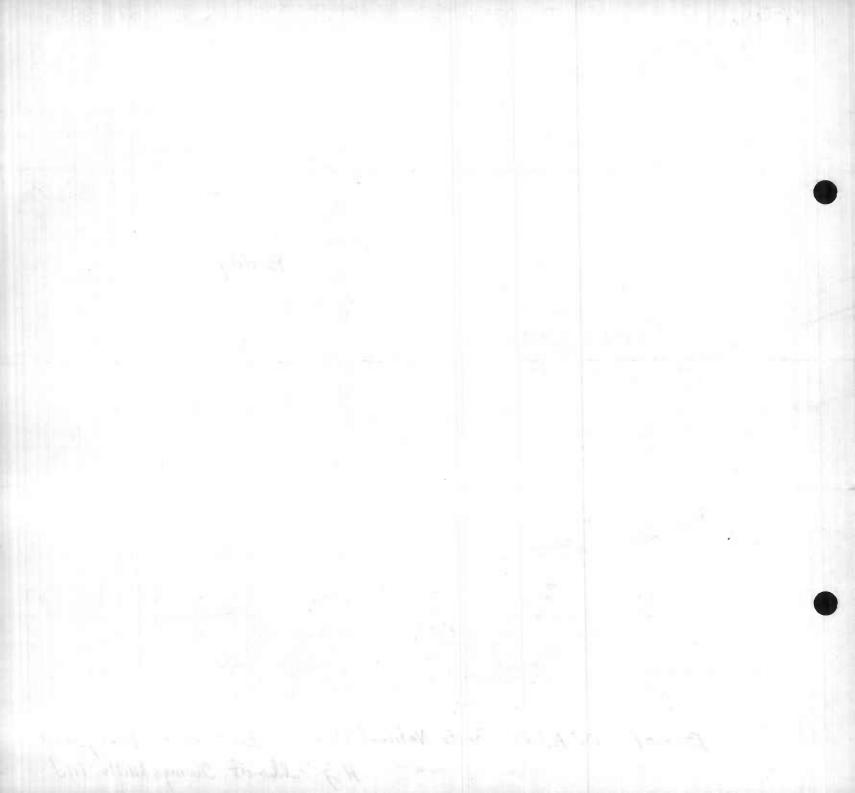
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

we at the same of the party of the same - life formand and 5-3-97 YEYES #21+E 27-16 Sandy-All Please Harrison Robert Horne Specific Mountonin the terms of the same 40 000 100 LEWIST SUMMED STREET FROM STORY IN STORY Louis of the Committee of the same

67-20411 67 98	45 BALTIMORE CITY	HEALTH DEPARTMENT		67 9815
BIRTH NO. 0 / NO / /	CERTIFICA	TE OF DEATH	Registered No.	0, 0010
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH	4
(Type or Print) Hile Baby B	004	100	tober 12	19601 11: 32 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	J	4. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before admission)
FULL NAME OF (If not in hospital or institution	n give street	Maryland	Rollings	06
HOSPITAL OR address or location) INSTITUTION	n, give sheet		side city limits, write RU	JRAL and give township)
Sunai Haradal	124 Raltin		wn	53-00
- Inal Hospila	10/ 12/1/12/01/2	D. STREET ADDRESS (III	rural, give location)	
5. SEX 6. RACE 7. MARRI	ED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
WIDOV	VED, DIVORCED (specify)		last birthdayl	Months Days Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	OCTOBER 11, MG	on country)	12. CITIZEN OF
done during most of working life, even if retired)		M. 1.	(WHAT, COUNTRY?
13. FATHERS NAME	0 n e	14. MOTHER'S MAIDEN NAM	ncl	NOH
14 + 1 11:1-			1 1	
5. Was Deceased Ever in U. S. Armed Forces?	11.6 50.0141	17. INFORMANT	ddy	ADDRESS
Yes, no or unknawn) (If yes, give war ar dates af service		11-21 10	0	WDDKE22
NO	hone	HOSPITAL K	ecords	
18. 33 /XI	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	T	ntra cranial	Hemory has	e 23 hours
(This does not mean the made of dying, e.		IIII CO CICIIIO I	- WXIII CX V 1410	2 3 JEWI 7
heart failure, asthenia, etc. It means the disea injury or camplication which caused death.)	se,			
ANTECEDENT CAUSES	(B)		000000000000000000000000000000000000000	**************************************
DISEASES OR CONDITIONS, if any, giving	ng			
rise to the above cause (A) stating to UNDERLYING CONDITION last.	he (C)			~
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
DISEASE OR CONDITION CAUSING IT.		I DO A	N 000 10 10 10 10 10 10 10 10 10 10 10 10	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?		
	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₹ (ABBBOY)	While At Not Whi	te _		
2	Work At Work		LOD . Char	0 have 12 20 10
22. I certify that (1) (this hospitel) ottende	i in	/ .	19 6 10 OCT	0 bev 19 6/
that (1)(we) lost sow the deceased alive o			or in (my) (our) opini	ion deoth occurred on the dot
and hour and from the causes stated above	· (I) [We) (did) (did not)	view the body ofter deoth.		23B. DATE SIGNED
1100 1 /2	M.D. AH	ending Med.	Stoff 🔽	12/12/1-
23C. PHYSICIANS	Phy Phy	23D. ADDRESS	Phys.	10/12/6/
NAME Type) T	Can M.D.	Sing! Harr	sital of T	Baltimana
24A. BURIAL CREMATION, 124B. DATE 124C	NAME OF CEMETERY OF CR	EMATORY 124D	OCATION (City	, town, or county) (State)
REMOVAL (Specify)	B .1 111	10	TO 1/	tatole)
130 V 17 O.T. 16, 1967	BALTO NATICA	25C. FUNERAL DIRECTOR	SAltimore,	MALGIANCI.
254. DATE REC'D BY HEALTH DEPT. 258. NAM	+ E. Falleuma	11 - 000	00 0 .	- lacilla las
VS 150-REV. 1/1/65	3 43, 4350/47	H.J. Zchha	a vwing	s Mills, Wd.



VS 150-REV. 1/1/65

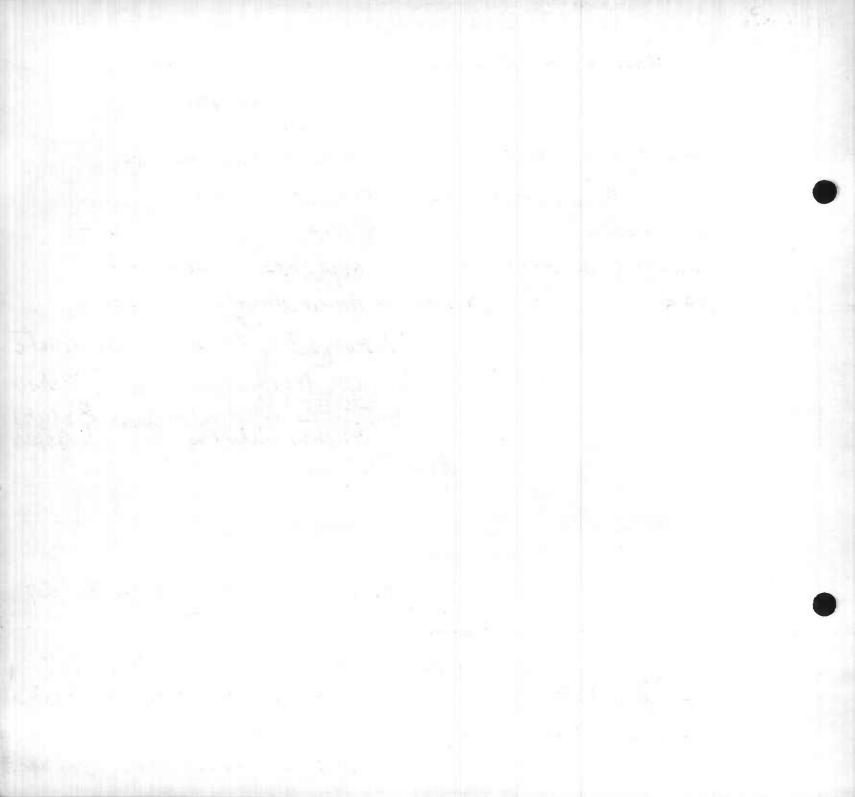
If Under 24 Hrs. Hours : Min.

Hours

BOUE INTERVAL BETWEEN

ONSET AND DEATH

300 MAC



BIRTH NO.	67	98	17 CERTIFICA	ATE OF D		No. 67	9817
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	CEASED	ckel	CLIVIIICA	AIL OI L	2. DATE AND HOUR OF DE	ATH	250
3. PLACE OF DE	ATH IN BALTIMORE MAI			IIA HISHAL PES	SIDENCE (Where deceased lived	J is a stitution to	o F.
FULL NAME	OF (If not in hospital a	or institution,	give street	Md.	B. COUNTY		
INSTITUTION	ashington Bl			Balt:	imore		give township
00					Washington B		
F. SEX	White	Widde	NEVER MARRIED D. DIVORCED (specify) DWed	Feb. 5	.1904 lost birthdoy	If Under Months	Yr. If Under 24 Hr Doys Hours Min.
	CUPATION (Give kind of work f working life, even il refired) V116	108. KIND OF	Home		E (State or foreign country) Many	and the second	en of at country? rmany
3. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME .		
	Sprung			Unkn	own		
5. Was Decease Yes, no or unknow NO	d Ever in U. S. Armed Ford n) (If yes, give wor or dotes	es? of service)	SECURITY NO. None	17. INFORMAN			ADDRESS
18.				Mrs. Ka.	ren Nickel 273	o washi	ington Bive
(This daes heart failure	SE OR CONDITION DIRI LEADING TO DEATH nal meon he made af , asthenio, etc. Il means mplication which coused ANTECEDENT CAUSES	dying, e.g., the diseose,	(A) Ca	the me	tastone	lan	year
NO THER SIGN	OR CONDITIONS, if on the course (A) of CONDITION lost. Il of CONDITION CONDITIONS CONDI	Stoling the					
	3// WAS-PERE	ORMED TOR	which operation	20 A. AUTOR	TY? (Yes or No) 208. IF YES, W	VERE FINDINGS	CONSIDERED DEATH?
OR CONTRIB	TING CAUSE OF y medical examiner	21 B.	PLACE OF INJURY (e.g.	office bldg., INJU	WHERE DID (If in Bol	llimore City, give	exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ile At Not W rk At Wo	hile 🦳	HOW DID INJURY OCCUR?		
that (I) (we	y that (I)(this haspital)) lost sow the deceased offrom the couses state	d olive on	O.t. 9) apinion death	h occurred an the do
23A. ŞIGNAT	when I a	Line	/ M.D. A	attending hys.	Med. Stoff Phys.	23B. DATE	12/67
24A. BURIAL CRI	EMATION, 24B. DATE	24C. N	ME OF CEMETERY OF		T EasT L	(City, town, or	(2(227)
Buris	(Specify)		udon Park				(31016)
25A. DATE REC'C		25B. NAME C	E taleuna	25C. FUNE	RAL DIRECTOR Prs Funeral Ho		ADDRESS
/S 150-REV. 1/1/	/65						Sts.

A PERSONAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE P

BALTIMORE CITY HEALTH DEPARTMENT

eceased shows: MOS

VS 150-REV. 1/1/65

BIRTH NO.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission. (If outside city limits, write RURAL and give township) 21093 If Under 1 Yr. , If Under 24 Hrs. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date (City, town, or county) ltimore, Maryland DDRESS

Registered No.

Tradeplant January

FEMALS CHICASIAN (UIBBAY

3914 Burt

JUHN O' HELLY

MARYLAND GENERAL HOSPITAL 107 FELTIN RE.

01/15/84 83

DEN CANT LOUNG

THUS STRING HELDINGS SHOW

Into track obstruction show

Aro

101 10 10 10 miles

Make & Fifer

1/6/-1 -

Tel vivil - Libra onese, resident of the resident ASSET TO THE CONTRACT OF THE C in deal grown his wer and if by the benefits and control The super-PART OF THE STATE OF THE BUSINESS AND THE

FUNERAL DIRECTOR: IMPORTANT

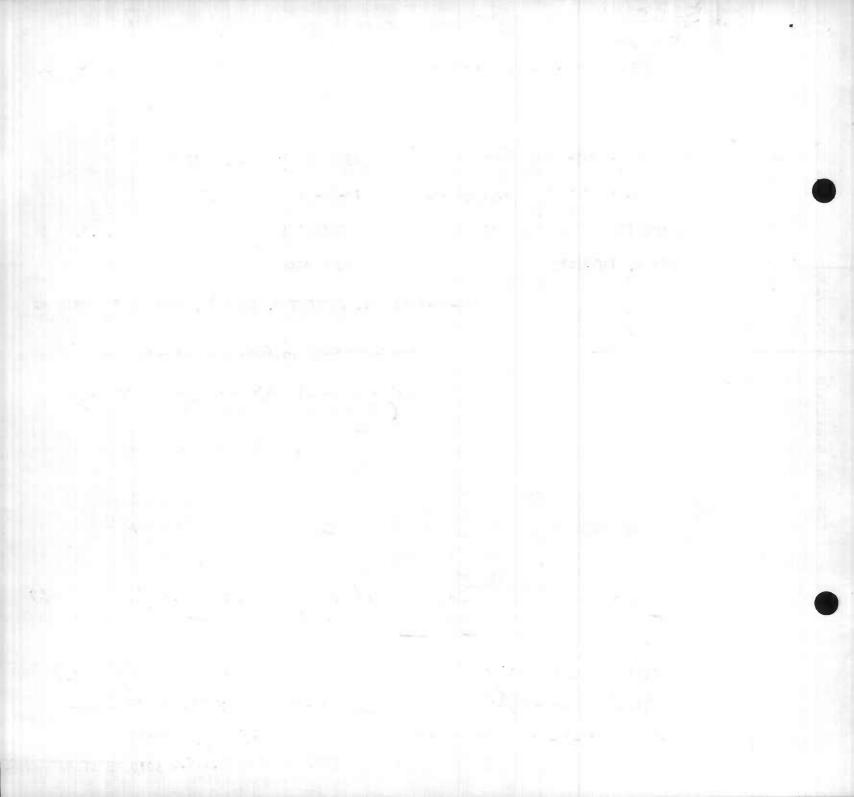
	ME OF DECEASED				BER 11. 196	
3. PL	ROBERT PLEIN	ARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If i	institution; residence before odmission)
H	JLL NAME OF (If not in hospital OSPITAL OR oddress or location		give street	MARYLAND C. CITY OF TOWN (II ou		RURAL and give township)
2	118 GUILFORD AVENUE			BALTIMORE D. STREET ADDRESS (IF	rurol, give location)	12-05
				1718 GUILFORD		LTIMORE 21202
	MALE WHITE	WIDOWED	NEVER MARRIED D, DIVORCED (specify) ITDOWED	MAY 12. 1891	9. AGE (In years lost birthday) 76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
done	USUAL OCCUPATION (Give kind of word during most of working life, even if retired) GROCER		EMPLOYED	RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. F	ATHERS NAME UNKNOWN			14. MOTHER'S MAIDEN NA	ME	
Yes,	os Deceosed Ever in U. S. Armed Fo no orunknown) (If yes, give wor or dot	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS #2103
_	NO±		219-32-1346	MR. LEONARD I.	PLEIN, SCHO	OL RD. DARLINGTON I
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not meon the mode o heart failure, asthenia, etc. It meon injury or camplication which cause	l f dying, e.g., s lhe diseose,	(A)_ DUE TO	Nyoeardial	Jailw ant	re many
z	LEADING TO DEATH (This does not meen the mode of heart foilure, asthenia, etc. It meen	I dying, e.g., s the disease, d death.) S ony, giving stoling the	G _	Myoeardial pertensive lerotic He	arteri art disea	o yearn
ATION	LEADING TO DEATH (This does not meen the mode of heart foilure, asthemia, etc. It mean injury of camplication which cause) ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION to the compact of the compact of the compact of the death of the death of the disease or condition causing 194. Date of operation 198. CO.	I dying, e.g., s the disease, d death.) S ony, giving stoling the CONTRIBUTING	G _	Myoeardial pertensive lerotic He	o) 20B. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
L CERTIFICATION	LEADING TO DEATH (This does not meen the mode of heart foilure, asthemia, etc. It mean injury of camplication which cause) ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION to the compact of the compact of the compact of the death of the death of the disease or condition causing 194. Date of operation 198. CO.	I dying, e.g., s the disease, d death.) S ony, giving stoling the CONTRIBUTING. ATED TO TH IT. NOTION FOR ARFORMED	WHICH OPERATION PLACE OF INJURY (e.g., te, form, loctory, street, te)		o) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED
MEDICAL CERTIFICATION	LEADING TO DEATH (This does not meen the mode of heart foilure, asthenia, etc. It mean injury of camplication which cause) ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION to the condition to the DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CO WAS PEI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	d dying, e.g., s lhe disease, d death.) S ony, giving stoling the CONTRIBUTING ATED TO TH IT. NDITION FOR VERFORMED 21B. hom etc.	PLACE OF INJURY (e.g., e., form, loctory, street, ill.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	D) 20B. 1F YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	LEADING TO DEATH (This does not meen the mode of heart foilure, asthemia, etc., It mean injury or camplication which causes ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cduse (A) UNDERLYING CONDITION (A) OTHER SIGNIFICANT CONDITION (A) TO THE DEATH BUT NOT RELEVANCE OF CONDITION CAUSING (B) OTHER SIGNIFICANT CONDITION CAUSING (B) OTHER SIGNIFICANT CONDITION (B) OTHER SIGNIFICANT CONDITION (B) OTHER SIGNIFICANT ON THE	d dying, e.g., s the disease, d death.) S ony, giving stoling the CONTRIBUTION ATED TO TH IT. NDITION FOR V RFORMED 218, home etc.;) (Hour) 21E, Who	PLACE OF INJURY (e.g., form, loctory, street, form, loctory, street, file At At Work he deceased from	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	LEADING TO DEATH (This does not meen the mode of heart foilure, asthemia, etc., It mean injury or camplication which causes ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cduse (A) UNDERLYING CONDITION (A) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELEVANT NOT RELE	d dying, e.g., s the disease, d death.) S ony, giving stoling the CONTRIBUTION FOR LATED TO THAT. ACTED TO THAT. ACTED TO THAT. ACTED TO THAT. CONTRIBUTION FOR LONG. ACTED TO THAT. AC	PLACE OF INJURY (e.g., le, form, loctory, street, or loctory). INJURY OCCURRED INJURY OCCURRED At Work At W	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJury and the view the bady after death.	208. IF YES, WERE IN CERTIFYING CA	e FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)

Mypertinoine artures menses

Ly 05/5 - 4400

to Harman Sandel × 10-11-67

	5 5 5 5	BALTIMORE CITY	HEALTH DEPARTMENT		CT 0004
BIF		821 CERTIFICA	TE OF DEATH	Registered Na.	67 9821
1,1	E. CASE NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(1)	pe or Print) BERTHAL. Sh	ANNON	10/	11/62	11:40 P. M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. II in	stitution: residence before (ddmission)
	FULL NAME OF (If not in hospital or institu	tion give street	MARYLAND		B = 00 = C =
	HOSPITAL OR oddress or location) INSTITUTION	give ander		tside city limits, write l	RURAL and give township)
1	2		BALTIMORE		53-00
1	Harris Tal ac B	ALTIMORF		rurol, give location)	
3	SEX G.RACE T. MAI	7,01,71.01.00	3308 RIPPLE RO		
5.	FEMALE CAUCASOIO WID	MARRIED (specify)	10-26-29	9. AGE (In years lost birthday) 37	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B. KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	AT HOME	OKLAHOMA		U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	SAMUEL D. JACOBSON		ANNA ROSE		
15. (Ye	Was Deceased Ever in U. S. Armed Forces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	445-22-4283	MR. HERBERT H.	SHANNON . 330	8 RIPPLE ROAD #7
	18. / 9 / /		F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		- 1	,	ONSET AND DEATH
	LEADING TO DEATH	(A) Met	estatic Situa	record Tu	30 C
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dis	e.g., DUE TO			
	injury or camplication which caused death.)	m	lignost Me	elonoma	4
	ANTECEDENT CAUSES	DUE TO	o Openion (R)	lear)	7
	DISEASES OR CONDITIONS, if any, g	iving The (C)		3	
	UNDERLYING CONDITION last.	***************************************	***************************************		
_	II.				
OI	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING O THE			
CATI		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)	mice biog., HOOK! OCCOR!		
03	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not Whi Work At Work			
	22. I certify that (*) (this haspital) attend			1967 10 /0	111 1067
			10/-7	19 10 / 0	19
	that (1) (wee) last saw the deceased alive	' /		at in (my) (aut) api	nian death accurred an the date
11	and have and from the causes stated abo	ve. (!) (#e)/(did) (did (did (did (did (did (did (did	view the bady after death.		long DATE CICHED I
	VID a	M.D. AH	ending Med.	Stoff	23B, DATE SIGNED
	23C. PHYSICIAN'S	Phy	s. Director	Phys.	10/11/6)
-	NAMENType)	//	23D. ADORESS.	7/-1	tal
2.6	ABE LEVI	M.D.	Aron	Nep	
24	REMOVAL (Specify)	4C. NAME of CEMETERY OF CR			ty, town, or county) (Stote)
	BURIAL 10-12-67	BETH TFILOH	BAL	LTIMORE, MAR	RYLAND
25	A. DATE REC'D UCTALTH BER 967 23 N	ME OF DEGISTER	SOI IFUTNISON &	BROS. INC.	6010 REISTERSTOWN RI
	V60 854 14146	A CONSTITUTE			ONIA KETZIEWZIOWA W
VS	150-REV. 1/1/65		, , ,		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

FUNERAL DIRECTOR: IMPORTANT

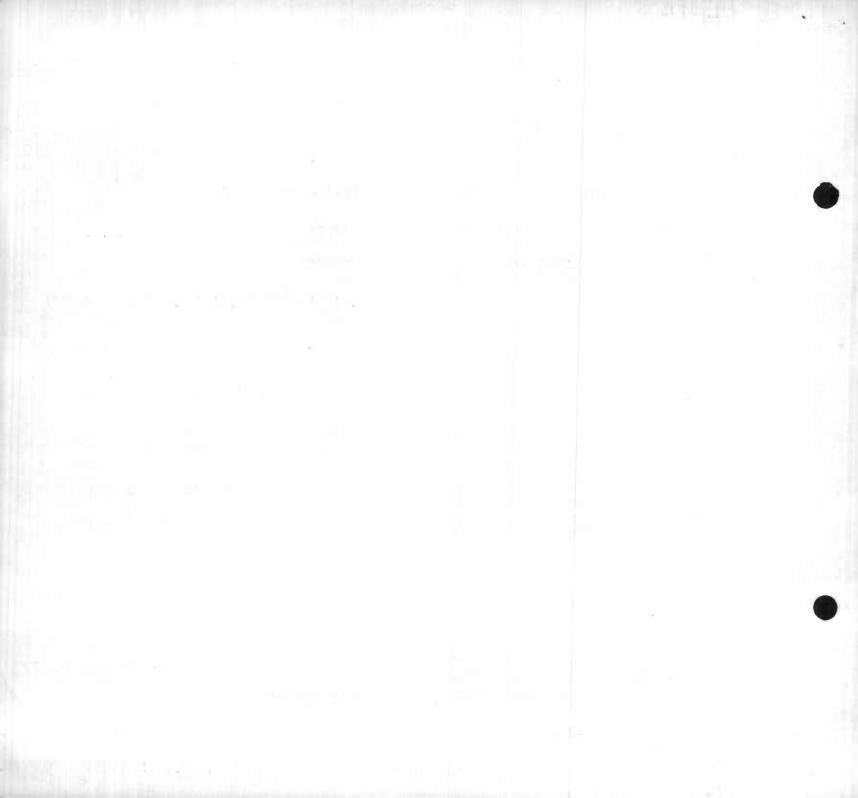
- 635 67	0000 BALTIMORE CITY	HEALTH DEPARTMENT	1/	67 9822
BIRTH NO. M.E. CASE NO.	9822 CERTIFICA	TE OF DEATH	Registered No.	-SPAA
1. NAME OF DECEASED	7	2. DATE AND	HOUR OF DEATH	53/1/1
FRIEDMAN	AM H.	The state of the s	and the state of the	10/17/67 N
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where	leceosed lived. If institut	ion: residence before admission)
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION SINAL HOSPITAL J Baltimore		1 V JARYLANDI		Balto, Co
		C. CITY-OR TOWN (If outside	e city limits, write RURA	L and give township)
		BALTIMOR	E	53-00
211041 10030111		1	ARK DAU	-, APT. A-2
5. SEX 6. RACE 7. N	ARRIED, NEVER MARRIED	The state of the s		
MALE BOOK CAUCASIAN "	SINGLE (specify)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	birthdoy) 73 Mo	Under 1 Yr. If Under 24 Hrs
10A, USUAL OCCUPATION (Give kind of work 10B.		11. BIRTHPLACE (State or foreign		. CITIZEN OF
done during most of working life, even if retired) X& SALESMAN	SHOES	RAITTMODE MADVI	AND	U.S.A.
13. FATHER'S NAME	311013	BALTIMORE, MARYL	NVU	u.o.n.
DAVID FRIEDMAN		DORA GOLD		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.	UDC DAY TATE	20 01405 4115	ADT 000
NO 18. 4 7)	CAUSE	MRS. RAY JAFFE, 1	SU SLAVE AVE	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTI		$\triangle \triangle$	1	ONSET AND DEATH
LEADING TO DEATH	in Ac	LITE Y Y WOCADI	AL INFARCTION	Ldays
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the				***************************************
		S.C. U.D.		フ
ANTECEDENT CAUSES	DUE TO	3.6.0.0.		***************************************
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the				
UNDERLYING CONDITION Iosi.	ing The (C)		0 m m 0 0 0 0 0 0 0 0 0 0 0 0 m m m m m	
_			0	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED	TO THE WONTOR	-EMORAL ARTER	Y STEWORS	
DISEASE OR CONDITION CAUSING IT.	IN FOR WHICH OPERATION		OB. IF YES, WERE FIND	INGS CONSIDERED
WAS PERFORM		2010131: 1003	N CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimore City	y, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Ho	out 21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
22. Legalify that (1) (this hospital) att	Work Al Work	Oct 9 19	() D	C 11 11
		100		196
ond hour and from the causes stoted a	Q 0 71111		in my/ (our) opinian	death accurred on the da
23A SIGNATURE	pove. (1) Tres (did (did not)	view the body offer deoth.	joan	DATE SIGNED
1 1 1 1 1 1 1 1	M.D. All	ending Med. Sic	IF D	18/12/10
23C. PHYSICIAN'S	Phy	23D. ADDRESS	ys	wilde.
THE MAN FOCABOR	K LALF M.D.	C/2 C1111	M HORD	ITA
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY (24D. LOC	ATION (City)	wn, or county) (State)
REMOVAL (Specily)	PARTITION OF PRINCIPAL OF CK	ZAD. LOC	TCITY, 10	with or coomy) (31016)
BURIAL 10-13-67	AMOUNT FIRMING 1	TT OUATH WHOL	THOTOU DILLO	
25A. DATE REC'D BY-MEALTH DERT JOSE	ANSHE EMUNAH A		INGTON BLVD.	ADDRESS
25A. DATE REC'D BY HEALTH DEPX	NAME OF REGISTRAM	25C. FUNERAL DIRECTOR		ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B.		25C. FUNERAL DIRECTOR		ADDRESS 10 REISTERSTOWN

S. 11 C. 18000 (TJAC) Sink Hospith & Boldinar THUMBERS GIVEN DOUBLES ... 3/20/93 74 UN CHARGED ACUTE MYDEADIAL INTERCTION Robery'S A.S C U.D. CHROTION FEMORIE ANTERT STENDEDS 13 10 50 8 300 13/12/62 C/o SINAL HOSPITAL

M.E. CAS	014.33	982	CERTIFICA	TE OF DEATH	-	
1. NAME	OF DECEASED			2. DATI	AND HOUR OF DEATH	н — — — — — — — — — — — — — — — — — — —
(Type or F	WILLIAM BECK			ОСТО	BER 11, 1967	6:50 P. A
3. PLACE	OF DEATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE	Where deceased lived. If DUNTY	institution; residence before admission
FULL I	FULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION NSTINAL HOSPITAL		MARYLAND			
HO SPIT				f outside city limits, write	RURAL ond give township	
			D. STREET ADDRESS (If rurol, give locotion)			
/						
4	de			3317 MENLO 1	DRIVE, #212	15
MALE		WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9, AGE (In years lost birthdoy) 59	Months Doys Hours Min,
	AL OCCUPATION (Give kind of work)		RIED BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF
	ng most of working life, even if retired)			111 014111101010101010101010101010101010	lotergii coomity;	WHAT COUNTRY?
	LSTERING	FUR	NITURE	BALTIMORE,	MARYLAND	U.S.A.
3. FATHE	ER'S NAME			14. MOTHER'S MAIDEN	NAME	
DA	VID BECKER			UNKNOWN		
S. Was C	Deceased Ever in U. S. Armed Force runknown)(If yes, give war or dates	es?	16. SOCIAL	17. INFORMANT		ADDRESS
NO NO		of selvice)	SECURITY NO.	MDC CVILITA T	EOVED 2217	WENTA ADTHE HOTOLE
18.			216-09-8808	MRS. SYLVIA E	DECKEK, 331/	INTERVAL BETWEEN
1	DISEASE OR CONDITION DIRE	CTIV	Chose		1	ONSET AND DEATH
	LEADING TO DEATH	CILI	()	owny 1	honbon	> 10 hunter
	daes not mean the mode of			<i>j</i>		
	heart failure, asthenia, etc. It means the disease,			Ocito		1 5 11/00
' '	1			N W A A I I I		1 9/00
	ANTECEDENT CAUSES		(B)			
DISE	ANTECEDENT CAUSES	ny aivina	DUE TO	0000		
	ANTECEDENT CAUSES ASES OR CONDITIONS, if a la lhe abave cause (A)			0000 ()		, , , , , , , , , , , , , , , , , , ,
rise	ASES OR CONDITIONS, if a					
UND	EASES OR CONDITIONS, if a la line abave cause (A) DERLYING CONDITION last.	slaling the	(C)			
UND	EASES OR CONDITIONS, if a la lhe abave cause (A) DERLYING CONDITION last, II IER SIGNIFICANT CONDITIONS CONTINE DEATH BUT NOT RELATIONS.	Stating the	(C)	unal ul	ى د	25 yr
UND	EASES OR CONDITIONS, if a la lhe abave cause (A) DERLYING CONDITION last. ILLER SIGNIFICANT CONDITIONS CONTINUE DEATH BUT NOT RELATE ASE OR CONDITION CAUSING IT.	ONTRIBUTING THE	G Duol	inal ul	ا	25 yr
UND	EASES OR CONDITIONS, if a la lhe abave cause (A) DERLYING CONDITION last, II IER SIGNIFICANT CONDITIONS CONTINE DEATH BUT NOT RELATIONS.	STATEMENT OF THE STATEM	G Duol	Lual Ul	Or Noll 20B. IF YES, WER	2 S W
UND	EASES OR CONDITIONS, if a lia like abave cause (A) DERLYING CONDITION last, III IER SIGNIFICANT CONDITIONS CONTINUE DEATH BUT NOT RELATED ASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION AS PERFORMANCE.	STORED TO THE	G Quoli	Lual Ul 20A. AUTOPSY? (Yes o	OT NO. 20B. IF YES, WERI	2 5 VM E FINDINGS CONSIDERED AUSES OF DEATH?
UND OTH TO DISE 19 A. (EASES OR CONDITIONS, if a lia like above cause (A) DERLYING CONDITION last. III IER SIGNIFICANT CONDITIONS CONTROL THE DEATH BUT NOT RELATED ATE OF CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION LAST PERFORMAN	ONTRIBUTING THE TOTAL TO	G CO WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, o	inal ul	Or No. 208. IF YES, WERI IN CERTIFYING C	2 S YM
NOTH TO DISE 21A. OR CO DEAT	ACCIDENT WAS UNDERLYING CAUSE OF IH (notify medical examine)	ONTRIBUTING THE TOTAL OR THE TO	GE COUNTY (e.g., in foctory, street, on the county of the	20 A. AUTOPSY? (Yes of the control o	Or No. 20B. IF YES, WERI IN CERTIFYING C	2 5 VM E FINDINGS CONSIDERED AUSES OF DEATH?
OTH TO DISE 19A. (C) OR C DEAT	EASES OR CONDITIONS, if a la like abave cause (A) DERLYING CONDITION last. ILLER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITIONS CONTRIBUTION CAUSING IT. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUS	ONTRIBUTING TO THE ONTRIBUTION FOR SOMEO	GE COUNTY (e.g., in foctory, street, on the county).	20 A. AUTOPSY? (Yes of the property of the pro	Or No. 208. IF YES, WERI IN CERTIFYING C	2 5 VM E FINDINGS CONSIDERED AUSES OF DEATH?
OTH TO DISE 19A. COR	EASES OR CONDITIONS, if a lia like abave cause (A) DERLYING CONDITION last, III IER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTRIBUTIONS CONTRI	ONTRIBUTING TO THE ONTRIBUTION FOR SOMEO	WHICH OPERATION PLACE OF INJURY (e.g., in the, form, foctory, street, on the control of the con	20A. AUTOPSY? (Yes of the property of the prop	Or No. 20B. IF YES, WERI IN CERTIFYING C	2 5 VM E FINDINGS CONSIDERED AUSES OF DEATH?
OTHOUSE UND DISE UND	EASES OR CONDITIONS, if a la like abave cause (A) DERLYING CONDITION last. III IER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED AT CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION CAUSING IT. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CH (notify medical examiner) TIME (Month) (Doy) (Year) NJURY ROX.)	ONTRIBUTING TO THE CONTRIBUTION FOR SORMED 21B hometc. (Hour) 21E Wh. Wo	WHICH OPERATION A PLACE OF INJURY (e.g., in the form, foctory, street, on the foctory). INJURY OCCURRED it with the street of the foctory.	20A. AUTOPSY? (Yes of the property of the prop	OF No. 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
NOTH TO DISE 19A. (A PPI) 22. 1	EASES OR CONDITIONS, if a la like abave cause (A) DERLYING CONDITION last, III IER SIGNIFICANT CONDITIONS CONTHE DEATH BUT NOT RELATED ASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITIONS OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUS	ONTRIBUTING THE TO THE T	WHICH OPERATION A PLACE OF INJURY (e.g., in the form, foctory, street, on the foctory). INJURY OCCURRED it with the street of the foctory.	20A. AUTOPSY? (Yes of the control of	OF No. 208, IF YES, WERI IN CERTIFYING C O (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect locotion)
OTH TO	EASES OR CONDITIONS, if a la like abave cause (A) DERLYING CONDITION last. III JER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTION (Doy) (Year) TIME (Month) (Doy) (Year)	ONTRIBUTING TED TO THE COMMED TO THE COMMED TO THE COMMED TO THE COMMED THE COMMENT THE COMM	WHICH OPERATION PLACE OF INJURY (e.g., in particular property) AU Work AI Work The deceased from	20A. AUTOPSY? (Yes of which will be considered to the considered t	INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion)
OTH TO DISE TO DE AT	EASES OR CONDITIONS, if a la the abave cause (A) DERLYING CONDITION last. III JER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CA	ONTRIBUTING TED TO THE COMMED TO THE COMMED TO THE COMMED TO THE COMMED THE COMMENT THE COMM	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, on the first of the foctory) INJURY OCCURRED AI Work he deceosed from	20A. AUTOPSY? (Yes of which will be considered to the considered t	INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 10-11 19-67 plinion death occurred on the da
OTH TO DISE TO DE AT	EASES OR CONDITIONS, if a la like abave cause (A) DERLYING CONDITION last. III JER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTION (Doy) (Year) TIME (Month) (Doy) (Year)	ONTRIBUTING TED TO THE COMMED TO THE COMMED TO THE COMMED TO THE COMMED THE COMMENT THE COMM	WHICH OPERATION PLACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes of the bidge, injury occurs) 21F. HOW DID 21F. HOW DID 19 6 7 on the bidy ofter decorated the bidge of the bidge	INJURY OCCUR? 19 5 40 00 00 00 00 00 00 00 00 00 00 00 00	E FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exact location) 10 - (1 19 67) pinion death occurred on the da
OTH TO DISE 19A. CO DEAT 19A. CA PPI 19A.	EASES OR CONDITIONS, if a la the abave cause (A) DERLYING CONDITION last. III JER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CA	ONTRIBUTING TED TO THE COMMED TO THE COMMED TO THE COMMED TO THE COMMED THE COMMENT THE COMM	WHICH OPERATION PLACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes of which will be considered to the considered t	INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 10-11 19-67 plinion death occurred on the da
NOTH TO THE TOTAL	EASES OR CONDITIONS, if a la the abave cause (A) DERLYING CONDITION last. III JER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CA	ONTRIBUTING TED TO THE COMMED TO THE COMMED TO THE COMMED TO THE COMMED THE COMMENT THE COMM	WHICH OPERATION PLACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes of the bidge, injury occurs) 21F. HOW DID 21F. HOW DID 19 6 7 on the bidy ofter decorated the bidge of the bidge	Or No. 208. IF YES, WERI IN CERTIFYING C Of (If in Boltime Property of the County of	E FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exact location) 10 - (1 19 67) pinion death occurred on the da
NO OTH TO DISE OF IN OTH TO DISE OTH	EASES OR CONDITIONS, if a la like abave cause (A) DERLYING CONDITION last, III JER SIGNIFICANT CONDITIONS CONTRE DEATH BUT NOT RELATIONS OF CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITIONS PERFORMANCE (Month) (Doy) (Year) TIME (Month) (Doy) (Year) TIME (Month) (Doy) (Year) NAME (Type)	ONTRIBUTING TO THE TO T	WHICH OPERATION PLACE OF INJURY (e.g., ree, form, foctory, street, or many st	20 A. AUTOPSY? (Yes of the control o	INJURY OCCUR? 19 5 to d that in (my) (***\text{or}*) of the state of	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 10 - (1 19 67) pinion death occurred on the da
NOTH TISE UNC OTH	EASES OR CONDITIONS, if a la like abave cause (A) DERLYING CONDITION last. II IER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED ASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTION	ONTRIBUTING TO THE CONTRIBUTION FOR SORMED (Hour) 21E Who ottended the olive on and one of the olive on and olive oli	WHICH OPERATION PLACE OF INJURY (e.g., ree, form, foctory, street, or many st	20A. AUTOPSY? (Yes of the control of	INJURY OCCUR? 19 5 2 to d that in (my) (***\text{ort}) operth.	E FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exact location) 10 - (1 19 67) pinion death occurred on the da
NOTH TISE UNIC STATE OF THE STA	EASES OR CONDITIONS, if a la the abave cause (A) DERLYING CONDITION last. III IER SIGNIFICANT CONDITIONS CONTROL THE DEATH BUT NOT RELATED ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medical examiner) TIME (Month) (Doy) (Year) NJURY ROX.) I certify that (I) (this hospital) I certify that (I) (this hospital) I certify that (I) (this hospital) SIGNATURE PHYSICIAN'S NAME (Type) STANL ST	ONTRIBUTING TO THE ONTRIBUTION FOR SOME OF STEEL OF STEEL ON THE ONTRIBUTION FOR SOME OF STEEL ON THE ONE	WHICH OPERATION PLACE OF INJURY (e.g., interpretation of CEMETERY of CR	20 A. AUTOPSY? (Yes of the control o	INJURY OCCUR? 19 5 2 to d that in (my) (our) of the Stoff Phys.	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect locohon) 1967 pinion death occurred on the da 238. DATE SIGNED 10-12-67 City, town, or county) (Stote)
NOTH TISE UNC VIOLENT CONTROL OF THE	EASES OR CONDITIONS, if a la the abave cause (A) DERLYING CONDITION last. II IER SIGNIFICANT CONDITIONS CONTROL THE DEATH BUT NOT RELATED AT CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION CAUSING IT. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRI	ONTRIBUTING TED TO THE DITION FOR THE DITI	WHICH OPERATION PLACE OF INJURY (e.g., ine, form, foctory, street, one) INJURY OCCURRED AI Work The deceosed from AI Work A	20 A. AUTOPSY? (Yes of the control o	INJURY OCCUR? 19 5 2 to d that in (my) (our) of the solution (as a second control of	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion) 10-11-19-67 Pinion death occurred on the da 23B. DATE SIGNED 10-12-67 City, town, or county) (State)
NOTH TO THE TOTAL TO	EASES OR CONDITIONS, if a la the abave cause (A) DERLYING CONDITION last. II IER SIGNIFICANT CONDITIONS CONTROL THE DEATH BUT NOT RELATED AT CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION CAUSING IT. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRI	ONTRIBUTING TED TO THE DITION FOR THE DITI	WHICH OPERATION PLACE OF INJURY (e.g., interpretation of CEMETERY of CR	20 A. AUTOPSY? (Yes of the control o	INJURY OCCUR? 19 5 2 to d that in (my) (our) of the solution (as a second control of	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion) 10-11-19-67 Pinion death occurred on the do 23B. DATE SIGNED 10-12-67 City, town, or county) (Stote) tyland ADDRESS



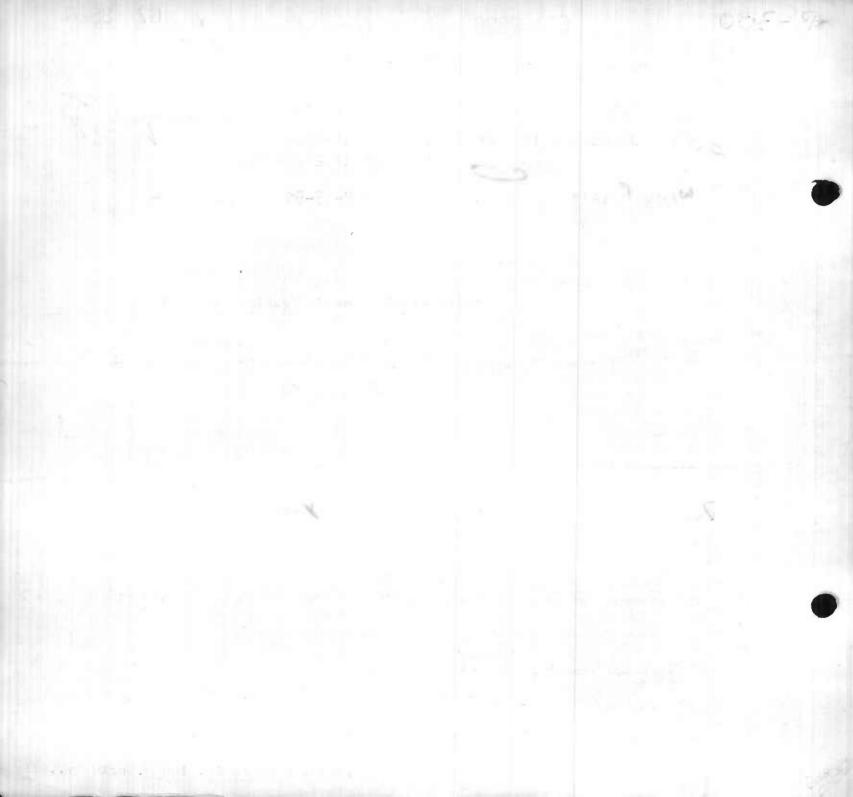
N.E.	CASE NO.	9824 CERTIFICA		ND HOUR OF DEATH	4
	BENJAMIN LI	EVENSON		1-12-67	4:30 P.
	JUL NAME OF III not in hospital or	AND		ero docoosod lived. If	institution: rosidence before admission
H	OSPITAL OR oddress or locotion) ISTITUTION ELVEDERE NURSING HOME	, gree state	BALTIMORE D. STREET ADDRESS	f rural, give location)	RURAL and give township)
			107 S. Broad	d	
	ALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	12-15-1888	9. AGE (In years lost birthday) 78	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
P	USUAL OCCUPATION (Give kind of work) 10 during most of working life, even if retired) LUMBER	PROPRIETOR	LATUIA	reign country)	12. CITIZEN OF WHAT COUNTRY?
	YEHUDA LEVENS	SON	REBECCA	AME	
05,	Vos Deceased Ever in U. S. Armod Forcos no orunknown) (If yes, give wor or dotes o NO	f service) SECURITY NO.	MRS. LENA LEVEN	ISON. 107 S.	ADDRESS BROADWAY #21231
1	1B. / / 2 X	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		nelses mit		ONSET AND DEATH
	(This does not meen the mode of dy heart failure, asthenio, etc. It meens th injury or complication which coused de	e diseose,	The divide	a 81 A	7 -7.
	heart failure, asthenio, etc. It meons th	e disease, toth.) (B) DUE TO (c) V. giving oling the (C)	arsinonn	a of him	g 7-mos.
NOIC	hearl failure, asthenio, etc. It means the injury or complication which coused described by the couse of the	e disease, (B) DUE TO Out TO Out TO Out TO Out TO Out TO Out TO THE Out TO THE		a of Arme	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFICATION	hearl failure, asthenio, etc. It means the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the obove cause (A) structure of the obove cause (A) structure of the obove cause (B) of the obove cause (B) of the obove cause (C) of the obove cause of the obove cause (C) of the	e disease, (B) DUE TO Out TO Out TO Out TO Out TO Out TO Out TO THE Out TO THE	20 A. AUTOPSY? (Yes or I	IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, givo oxoct locohon)
	hearl failure, asthenio, etc. It means the injury or complication which coused described by the injury of complication which coused described by the injury of complication which coused described by the injury of conditions of the death but not related by the described by the injury of the death but not related bisease or condition causing it. 194. Date of operation 198. Conditions of the death but not related bisease or condition causing it. 194. Date of operation 198. Conditions of the death but not related by the death of the injury of th	e disease, toth.) (B) DUE TO (A) (B) DUE TO (C) NTRIBUTING D TO THE TON FOR WHICH OPERATION (MED) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	20 A. AUTOPSY? (Yes or in a company of the company	(If in Boltime	AUSES OF DEATH?
	hearl failure, asthenio, etc. It means the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the obove cause (A) standard or conditions controlled to the conditions controlled to the DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 1974. DATE OF OPERATION 1978. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (OF INJURY (APPROX.)	e disease, edisease, roth.) (B) DUE TO (C) STRIBUTING D TO THE TON FOR WHICH OPERATION (MED) 218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) While At Not While Work Street on Mittended the deceased from Street on Str	20A. AUTOPSY? (Yes or it n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN	IN CERTIFYING C	AUSES OF DEATH? DIE City, givo oxoct locohon)
	hearl failure, asthenio, etc. It means the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the obove cause (A) standard to the obove cause (A	e disease, roth.) (B) DUE TO (C) ATRIBUTING D TO THE TON FOR WHICH OPERATION MED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) While At Not While At Work Intended the deceased from above. (f) (We) (did) (did not) v Attags	20 A. AUTOPSY? (Yes or the control of the control o	IN CERTIFYING C	AUSES OF DEATH? DIE City, givo oxoct locohon)
MEDICAL CENTIFICATION	hearl failure, asthenio, etc. It means the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the obove cause (A) standard or control of the condition to the DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 1974. DATE OF OPERATION 1978. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21 D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this haspital) at that (I) (this laspital) at that (I) (this laspital) and haur and from the causes stated and haur and from the causes stated	e disease, roth.) (B) DUE TO (C) MIRIBUTING D TO THE TON FOR WHICH OPERATION MED 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.) White At Not White At Work Intended the deceased from abave. (f) (We) (did) (did not) v Attended the deceased from Abave. (f) (We) (did) (did not) v	20A. AUTOPSY? (Yes or in a property of the bidgs, INJURY OCCUR?) 21F. HOW DID IN and the bidgs of the beath of the bidgs. 23D. ADDRESS 3643 GLENGYLE	IN CERTIFYING C (If in Boltime NJURY OCCUR? 19 6 7 to	AUSES OF DEATH? Dre City, givo oxoct locotion) Death accurred an the control of



VS 150-REV. 1/1/65



		200	TE OF DEATH	Registered Na.	67. 9826
1.1	E CASE NO. NAME OF DECEASED Tipe or Print) SACICE 300	H (Sadie W.		D HOUR OF DEATH	18:30 P. M
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If	institution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) INSTITUTION	ion, give street	FLORIDA		RURAL and give tawnship)
D	3 THE JOHNS HOPKINS	HOSPITAL	LISSIMEE	rural, give locotian)	1-08
1			RT 2 BOX 93		
10,	WIDO	RED REVER MARRIED WED, DIVORCED (specify) RRIED D OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 8-19-91	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
12	FATHERS MAAR				
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM		
15	Was Deceased Ever in U. S. Armed Forces?	16 505141		E. BLUE	ADDRESS
	(If yes, give war ar dates af servi	16. SOCIAL SECURITY NO. 494-10-3607	Reoords Hopkin	ns Hospita	ADDRESS
	18. / 5 7 X 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		en (n/mma	of Pariales	200-14
	(This does not mean the mode of dying,	e.g., DUE TO	hant forly	Juliu and	
	hearl failure, asthenia, etc. It means the dise	ose,	1 1 1 1		
	ANTECEDENT CAUSES	(B) %	cont pola		**************************************
	DISEASES OR CONDITIONS, if any, gi	. *			
	UNDERLYING CONDITION last.	(Commission of the Commission	PV 0 V770 - T 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*************************************	3 5 5 5 4 4 5 4 4 5 4 5 5 5 5 5 5 5 5 5
VIION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE	griphen (Fillinger, and		
RTIFIC /	19A. DATE OF OPERATION 198. CONDITION F	or which operation.	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.)	n ar about 21C. WHERE DID INJURY OCCUR?	IIf in Baltima	re City, give exact lacation)
EDI	21D. TIME (Manth) (Day) IYear) IHaur) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX)	While At Not While Wark Not Work	е		
	22. I certify that (I) (this hospital) attend	ed the deceased from 9	-/3	96) 10 /	0-13 1967
	that (I) (we) last saw the deceased alive	an 10-15	19 6) and the	ot in(my) (our) ap	inion deoth accurred an the date
	and hour ond fram the couses stoted abov	e. (1) (We) (did) (did not) v	riew the body after death.		
	23A. SIGNATURE	200		-01-1950	23B. DATE SIGNED
	Cindmin Carly-V	M.D. Atte	ending Med. Director	Staff Phys,	10-13-67
	23C. PHYSICIAN'S NAME ITYPE AN-LONIO GONZALEZ -	Railla M.D.	Johns 1	Hopkins	Hagital.
24	A. SURIAL CREMATION, 24B. DATE REMOVAL (Specify) 10/14/67	GREENMOUNT CRI		TIMORE, MA	City, tawn, or caunty) (State) ARYLAND
25	A. DATE REC'D SY HEALTH DEPT. 258, NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
	UCI 1 6 1967 R.L.	of E. Farberna	STEWART & MOW	EN CO. 108	8 W. North Av., City
VS	150-REV. 1/1/65				

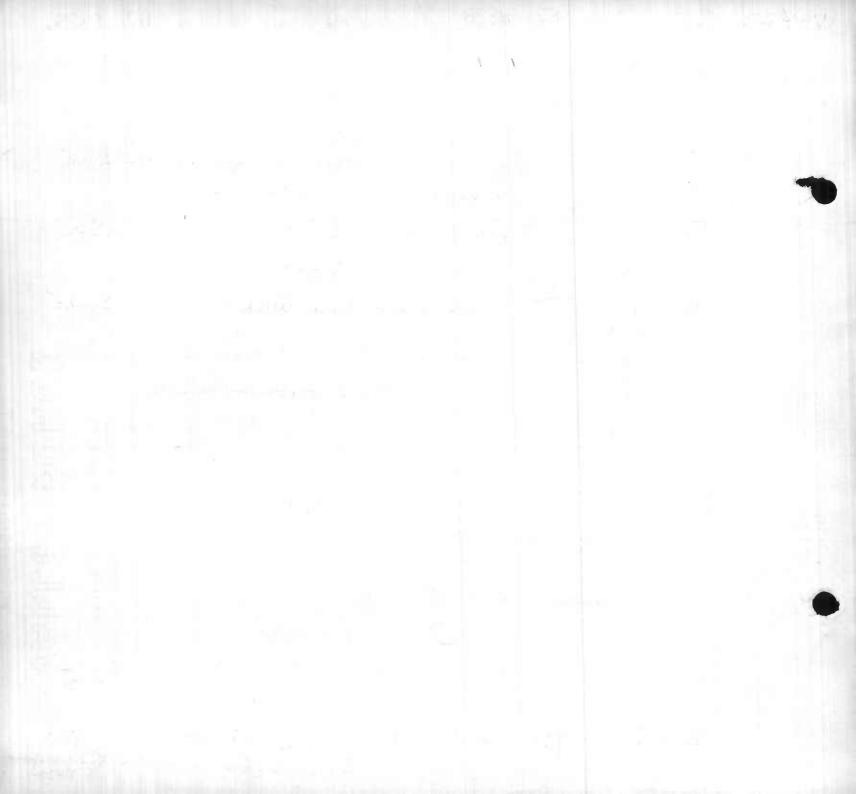


	67 0	BALTIMORE CITY	HEALTH DEPARTMENT		67 000m
	н но.	CERTIFICA	TE OF DEATH	Registered Na	07 3827
1. N	AME OF DECEASED of Print	Bernard	2. DATE AN	HOUR OF DEATH	1 2 CO AM
	LACE OF DEATH IN BALTIMORE, MARYLAND			e decoasod lived. If insti	itution: rosidenco belaro admission)
1	ULL NAME OF (If not in hospital or instituted oddress or location) NSTITUTION Oniversity of Mory		C. CITY OF TOWN (4 out	side city limits, write RU	RAL and give township)
-	38 University or	1) 63 hr 3 may	D. STREET ADDRESS (III	Pear 1	54
5. S	Comple Nears WIDO	HED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINL eduring most of working lile, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. 1	Unemployed FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AF.	USA
	William Sheriden		Carrie		
	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or doles of servi	ce) 16. SOCIAL SECURITY NO.	Mrs Gladys	Williams	ADDRESS 1816 W Fayette
	18.	CAUSE O			INTERVAL BETWEEN S
ì	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			ise ord Coma	ONSET AND DEATH
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury at camplication which caused death.)	e.g., DUE TO	Alcoholic Cir	,	7
	ANTECEDENT CAUSES	(B)	Micoholic Cir	rhour	'
		DUE TO			
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last,	the (C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CERTIFICA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
and I	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimoro	City, givo exoct locotion)
ō	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) attend	2 + 10	00.12		A 19 19 67
	that (I) (we) last saw the deceased alive and haur and fram the causes stated abav			at in(my) (aur) apini	an death accurred on the dat
	23A. SIGNATURE	William .			23 B. DATE SIGNED
	Ald Anderson	Phy		Stoff Phys,	10/14/17
	23C. PHYSICIAN'S NAME (Type) R. H. Anderson	7 M.D.	University OF	M. Hoges	tol Baltime Md.
24A	Burial (Specify) 248. DATE 248 Burial 10/19/67	c. NAME of CEMETERY of CRI		timore Md	, town, or county) (State)
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	CTHOLE IN	ADDRESS
234	OCT 1 6 1967 (2.0.	BE Fallen	Adolphus Hal	stead 1206	W North AVe
/5	150-REV. 1/1/65				THE STATE OF THE S

THE PROPERTY OF THE PARTY. TE WOOT U POE

140	11-	-1
VV	71.571.6	4
	atia	Ö
	de de	S
	ita Sec	.
	ds d	0
	house (5	70
	Se	0
	E B	0
	d it d	9
	bu	90
	S TE	Se
	ter	red n is
	de la	o
	D _ D	e
-	7 9 4	th Sp
FUNERAL DIRECTOR: IMPORTANT	中で	d.
A	sta inc	9
~	SSi The	fir
. 0	S a	or
3	So of	0 0
_	P P P	BE
ä	er.	ba
0	ra	3 5
5	A f	0 0
M M	S S S	E 8
=	Sy. (S	S
	dicon	3 €
2	E P	L O
m m	dy dy	icic
Z	S S	175
I	be be	40
	y t	S S
	dsp ds	69
	ho ho	10 E
	he he	an
	F a	6
	9 0	4 +
	st k	de
	cid cid	0
	9 2 2	or 1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was to hospital forces the physician who proported death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	E XE	d p
	od od	dse en
	is ow	i.e
	44	d ×

11/ (10/6.1)		~ / (10/10
ALE CASE NO.	ATE OF DEATH Registered No	3028
NAME OF DECEASED Type or Print) Samue Wilkes	2. DATE AND HOUR OF DEATH	8 30 A
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institu	tion: residence before admiss
FULL NAME OF (If not in hospital or institution, give streat	MD	
HDSPITAL OR oddross or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUR	AL and give township)
INSTITUTION Sinai Hospital of	D. STREET ADDRESS (If rurol, give location)	10-10
42 Baltimore	3812 W. COLD SPRII	UG LANE
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yours II	Under 1 Yr. If Under 24 onths: Doys Hours Mi
W WIDOW	Aug 1878 89	011111
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRONG most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
Kel Super Market	- LITH.	usa
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
SOLOMON	MARY	
5. Was Decoased Ever in U. S. Armod Forces? (es, no or unknown) (If yes, give wer or dotes of service)	17. INFORMANT	ADDRESS
NO 216-32-25	CA HILDA WILKIS	SAME
18. CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Prevmoned	2 days
(This does not meon the mode of dying, e.g., DUE TD heart foilure, osthenio, etc. It meons the disease,		
injury or complication which coused death.)	Carlo Masont Do	7975
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the		
UNDERLYING CONDITION lost.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE SEVERE AND DISEASE OR CONDITION CAUSING IT.	teriosclero ti c Cardiovascular Diseas	s sinka au sa
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINI	
WAS PERFORMED	NO IN CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	, in or obout 21 C. WHERE DID (If in Boltimore Ci office bldg., INJURY OCCUR?	ty, givo exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	hilo 🗔	
(APPROX.) While At Work At Work		
	rk 🗀	3 19 6
(APPROX.) While At Not Will Not Work At Work	rk 🗀	
(APPROX.) While At Not Will Not Work 22. I certify that (I) (this haspital) attended the deceased from	10 / 12 19 6 7 ta 10 / 19 6 19 6 and that in (my) (our) apinlo	
(APPROX.) While At While At Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on	19 6.7 ta 10// 19 6.7 ta 10// 23 and that in(my) (our) apinlo view the body ofter death.	
(APPROX.) While AI Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on	19 6 7 ta 10/1 19 6 ond that in (my) (our) apinlo view the body ofter death. Attending Med. Stoff Phys. 1	n deoth occurred on the
(APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on	19 6.7 ta /0// 19 and that in (my) (our) apinlo view the body ofter death. Add. Director Stoff Phys. 23 23D. ADDRESS	n deoth occurred on the
(APPROX.) While Al Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on	19 6.7 ta 10/1 19 6.7 ta 10/1 19 6.7 ta 10/1 19 6.7 ta 10/1 23 view the body ofter deoth. Stoff Phys. 23 23D. ADDRESS	n death occurred on the
(APPROX.) While AI Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on and hour and from the causes stated above. (I) (We) (did) (did not) 23A. SIGNATURE Kennett William A.D. AP 23C. PHYSICIAN'S NAME (Typo) KENNETH WETCHER M.E.	19 6.7 ta 10/1 19 6.7 ta 10/1 19 6.7 ta 10/1 19 6.7 ta 10/1 view the body ofter deoth. Stoff Phys. 23 23D. ADDRESS	n death occurred on the
(APPROX.) While Al Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on	19 6.7 ta 10/1 19 6.7 ta 10/1 19 6.7 ta 10/1 19 6.7 ta 10/1 view the body ofter deoth. Stoff Phys. 23 23D. ADDRESS	n deoth occurred on the



M.E. CASE NO.						
Type or Print)					E AND HOUR OF DEATH	
	Butcher, Mar	rion Oli	ver		et. 12, 1967	11:05 P.
CL NAME OF HOSPITAL OR INSTITUTION U.S. Pu	h in BALTIMORE, MA oddress or locolio blic Health man Park Dri	Service	ENDED We stree 12-19-67 Hospital	Maryland c. city or town Rockville D. STREET ADDRESS	OUNTY If outside city limits, write (If rurol, give location)	RUNAL and give township)
5. SEX 16	. RACE	7. MARRIED.	NEVER MARRIED	14500 Myer	9. AGE (In years	Il Under 1 Yr If Under 24 Hrs
Male	White		, DIVORCED (specify)	Apr-19-1898	lost birthdoyl	Months Doys Hours Min,
			BUSINESS OR INDUSTRY	alla .	_ /	12. CITIZEN OF
second m	orking life, even if retired) ate	Mercha	nt Seaman	Missouri		WHAT COUNTRY?
3. FATHER'S NAME	E			14. MOTHER'S MAIDEN	NAME	
Lee_Bowl	er_ Robert	I. But	her	Ettie P	erry- Peery	
5. Wos Deceased E	ver in U. S. Armed For Ilf yes, give wor or date	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	World Wars]		495 01 0079	Records US	PHS Hospital,	Balto, Md.
1B.	al I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DI	RECTLY	Proce	nahozonia sen	ainone	five months
	1 mean the mode of	dying, e.g.,	DUE TO	nchogenic car	CTHORE	77 A B 11 O11 0710
	sthenio, etc. It meons licotion which caused					unknown
1	NTECEDENT CAUSES		(B) Met	astases to ce	rebrum	dikitomit
DISEASES OR	CONDITIONS, if	any, giving	DUE TO			
rise to the	CONDITIONS, if above cause (A) CONDITION lost.		DUE TO	monary edema		Terminal
OTHER SIGNIFI TO THE DEP DISEASE OR C DIPA. DATE OF C	above cause (A) CONDITION lost. II CANT CONDITIONS (ATH BUT NOT RELA ONDITION CAUSING	stating the	DUE TO ICI Puli	emphysema, s		Terminal FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFI TO THE DEAD DISEASE OR CO 19.A. DATE OF CO 21.A. A. C. CIDENT OR CONTRIBUTI DEATH (notily or	above cause (A) CONDITION lost.	CONTRIBUTING ATED TO THI IT. NOTION FOR V	Pulmonary PLACE OF INJURY (e.g., in e., lorm, (octory, street, of	emphysema, s	or No. 208. IF YES, WERE IN CERTIFYING C.	
TISE TO THE UNDERLYING OTHER SIGNIFITO THE DEVELOPMENT OF CONTRIBUTE OF	above cause (A) CONDITION lost.	CONTRIBUTING ATED TO THI IT. HOITION FOR V FORMED 218. hom etc.)	Pulmonary PHICH OPERATION PLACE OF INJURY (e.g., in e., lorm, (octory, street, of injury) INJURY OCCURRED INJURY OCCURRED	emphysema, s 20A. AUTOPSY? (Yes of Yes) n or obout 21C. WHERE Diffice bidg., INJURY OCCU	or No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
TISE TO THE UNDERLYING OTHER SIGNIFIT TO THE DEPORT OF THE DEPO	above cause (A) CONDITION lost.	CONTRIBUTING ATED TO THI IT. NOITION FOR V FORMED 218, hometc.) (Hour) 21E, Whi	Pulmonary PHICH OPERATION PLACE OF INJURY (e.g., in the control of the control	emphysema, so 20A. AUTOPSY? (Yes 1) Yes nor obout 21C. WHERE Diffice bidg., INJURY OCCU	OF NO. 20B. IF YES, WERE IN CERTIFYING C. III IN Boltime R? INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? One City, give exoct locotion)
Tise to the UNDERLYING OTHER SIGNIFITO THE DEPORT OF THE DEPORT OF THE DEPORT OF THE DEPORT OF THE DEATH (notily in DEATH (notil) in DEATH (notily in DEATH (n	above cause (A) CONDITION lost. II CANT CONDITIONS (ATH BUT NOT RELADONDITION CAUSING OPERATION 198. CON WAS PER T WAS UNDERLYING ING CAUSE OF medical examiner) (Month) (Doy) (Year)	CONTRIBUTING ATED TO THI ft. NOITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor	Pulmonary PLACE OF INJURY (e.g., in e., lorm, (octory, street, of the e., lorm) INJURY OCCURRED INJURY OCCURRED IN JURY OCCURRED IN JURY OCCURRED At Work de deceased from	emphysema, s. 20A. AUTOPSY? (Yes of Yes) n or obout 21C. WHERE Diffice bidg., INJURY OCCU 21F. HOW DIC	Or No. 20B. IF YES, WERE IN CERTIFYING C. ID III in Boltime R? D INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? One City, give exoct locotion)
TISE TO THE UNDERLYING OTHER SIGNIFITO THE DEVELOPMENT OF CONTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.) 12. I certify the contribute of t	above cause (A) CONDITION lost. II CANT CONDITIONS (ATH BUT NOT REL, ONDITION CAUSING OPERATION 198. CON WAS PER T WAS UNDERLYING ING CAUSE OF medical examiner) (Month) (Doy) (Year)	CONTRIBUTING ATED TO THI IT. NDITION FOR V IFORMED 218. hom etc.) (Hour) 21E. Whi Wor	Pulmonary PLACE OF INJURY (e.g., in e., lorm, (octory, street, of the e., lorm) INJURY OCCURRED INJURY OCCURRED IN JURY OCCURRED IN JURY OCCURRED At Work de deceased from	emphysema, s 20A. AUTOPSY? (Yes of Yes of Y	Or No. 20B. IF YES, WERE IN CERTIFYING C. III in Boltime R? INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? One City, give exoct locotion)
OTHER SIGNIFI TO THE DEAD DISEASE OR CO 19.A. DATE OF CO 21.A. ACCIDENT OR CONTRIBUTI DEATH (notify in DEATH (notify in APPROX.) 22. I certify the	above cause (A) CONDITION lost. II CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING OPERATION 198. CON WAS PER I WAS UNDERLYING ING CAUSE OF medical examiner) Month) (Doy) (Year) hot (this hospital ast saw the decease from the causes sto	CONTRIBUTING ATED TO THI IT. NDITION FOR V IFORMED 218. hom etc.) (Hour) 21E. Whi Wor	Pulmonary PHICH OPERATION PLACE OF INJURY (e.g., in the control of the control	emphysema, so 20A. AUTOPSY? (Yes 1) Yes nor obout 21C. WHERE Diffice bidg., INJURY OCCU 21F. HOW DIE	DINJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? One City, give exoct locotion)
NOTHER SIGNIFI TO THE DEADISEASE OR CO. 19.A. DATE OF CO. 19.A. ACCIDENTO OR CONTRIBUTION (APPROX.) 21.A. ACCIDENTO OR CONTRIBUTION (APPROX.) 22. I certify the condition of t	above cause (A) CONDITION lost. II CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING OPERATION 198. CON WAS PER I WAS UNDERLYING ING CAUSE OF medical examiner) Month) (Doy) (Year) hot (this hospital ast saw the deceose	CONTRIBUTING ATED TO THI IT. NDITION FOR V IFORMED 218. hom etc.) (Hour) 21E. Whi Wor	Pulmonary PHICH OPERATION PLACE OF INJURY (e.g., in the control of the control	emphysema, s 20A. AUTOPSY? (Yes of Yes of Y	Or No. 20B. IF YES, WERE IN CERTIFYING C. III in Boltime R? INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact location) 19 Dinion death occurred on the do
OTHER SIGNIFI TO THE DEADISEASE OR CO 19.A. DATE OF CO 19.A. DATE OF CO 21.A. ACCIDENT OR CONTRIBUTI DEATH (notily in 21.D. TIME OF INJURY (APPROX.) 22. I certify the condition of the conditio	above cause (A) CONDITION lost.	CONTRIBUTING ATED TO THI IT. NDITION FOR V IFORMED 218. hom etc.) (Hour) 21E. Whi Wor	Pulmonary WHICH OPERATION PLACE OF INJURY (e.g., in e., lorm, (octory, street, of the local street) INJURY OCCURRED Le At Not While At Work A He Phy	emphysema, s 20A. AUTOPSY? (Yes of Yes) 10 On obout 21C. WHERE DO INJURY OCCU 21F. HOW DIC	DINJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact location) 19 Dinion death occurred on the do
TISE TO THE UNDERLYING OTHER SIGNIFITO THE DEPOPULATION OF CONTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.) 21. I certify the control of the co	above cause (A) CONDITION lost.	CONTRIBUTING ATED TO THI IT. NOTION FOR V FORMED 218. hom etc. Whi Wor I) ottended the dalive on	Pulmonary Phich Operation PLACE OF INJURY (e.g., in the last of	emphysema, so 20A. AUTOPSY? (Yes 12 Yes 12 Yes 13 Yes 14 Yes 14 Yes 14 Yes 15 Yes 16 Y	DINJURY OCCUR? 19 10 (our) opens. Stell Phys.	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact location) 19 Dinion death occurred on the do
TISE TO THE UNDERLYING OTHER SIGNIFI TO THE DEADISEASE OR CO. 19.A. DATE OF CO. 21.A. ACCIDENT OR CONTRIBUT DEATH (notify to 1) 21.D. TIME OF INJURY (APPROX.) 22. I certify to 1 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE	above cause (A) CONDITION lost.	CONTRIBUTING CONTRIBUTING ATED TO THI ft. NOITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor I) ottended the ed allve on	Pulmonary Phich Operation PLACE OF INJURY (e.g., in the last of	emphysema, so 20A. AUTOPSY? (Yes of Yes) Tes nor obout 21C. WHERE Diffice bidg., INJURY OCCU 21F. HOW DIE 21F. HOW DIE 21F. HOW DIE 22D. ADDRESS EMATORY 24	DINJURY OCCUR? 19 10 (our) opens. Stell Phys.	is FINDINGS CONSIDERED AUSES OF DEATH? Die City, give exoct locotion) 19 23B. DATE SIGNED City, town, or county) 15tote)
NOTHER SIGNIFITO THE DEVILLE DE LA COLOR SIGNIFITO THE DEVILLE DE LA COLOR SIGNIFITO DE LA COLOR SIGNIFICATION OR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CAPPROX.) 210. TIME 1 OF INJURY (APPROX.) 22. I certify the contributor of injury (APPROX.) 23. I certify the contributor of injury (APPROX.) 23. I certify the contributor of injury (APPROX.) 23. SIGNIATURE 23. SIGNIATURE 24. BURIAL CREMER REMOVAL ISP	above cause (A) CONDITION lost.	CONTRIBUTING CONTRIBUTING ATED TO THI ft. NOITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor I) ottended the ed allve on	Pulmonary WHICH OPERATION PLACE OF INJURY (e.g., in the control of the control	emphysema, so 20A. AUTOPSY? (Yes of Yes) Tes nor obout 21C. WHERE Diffice bidg., INJURY OCCU 21F. HOW DIE 21F. HOW DIE 21F. HOW DIE 22D. ADDRESS EMATORY 24	ID INJURY OCCUR? 19 to de that in (our) op oth. Stall Phys. L. COllins, Miscotor	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion) 19 23B. DATE SIGNED City, lown, or county) 15tote)

Records of U.S.P.H.S.Hospital 12-19-67 M.H.

IMPORTANT

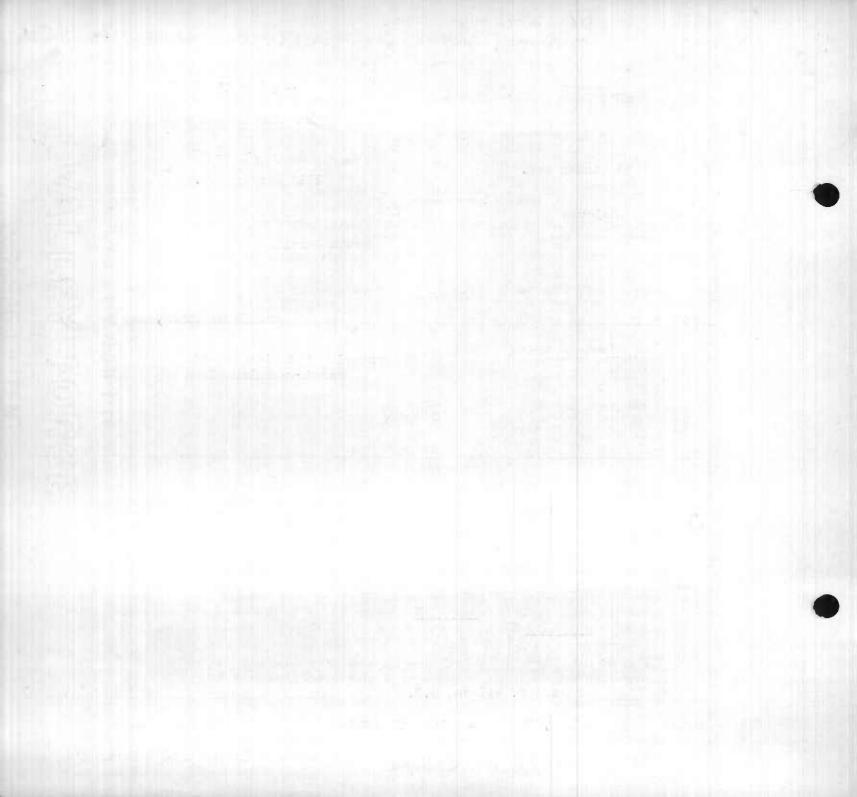
DIRECTOR:

FUNERAL



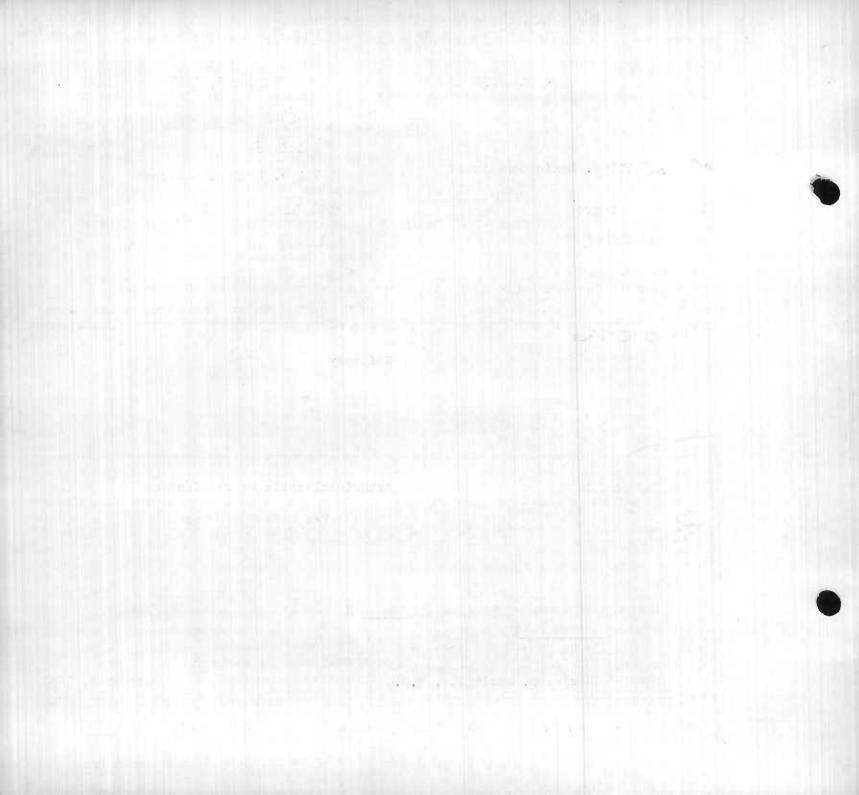
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9831

(Type or Print) EDNA ROBERSON		1	DATE AND HOUR PRONOL	JNCED DEAD
P.IIIVA RUBERSIIIV			October 11, 196	6:40 a _M
B. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDER	NCE (Where deceased lived, If	institution: residence before odmission
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LO NSTITUTION	PITAL OR INSTITUTION, GIVE STREET OCATION)	Man	cvland	write RURAL and give township)
00 1713 Linden	Ave.		SS (If rural, give location) 3 Linden Ave.	
S. SEX 6. RACE Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yellost birthday)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of videon by the during most of working life, even if retire		South Car	olina	12. CITIZEN OF WHAT COUNTRY? USA
3. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME	?
5. WAS DECEASED EVER IN U.S. ARM Yes, no or unknown) (If yes, give war ar a		17. INFORMANT	ildred M Robins	ADDRESS
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which caus ANTECEDENT CAU DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (ALUNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A, DATE OF OPERATION 19B, CWAST	of dying, e.g., DUE TO cons the disease, ed death.) JSES F ANY, GIVING DUE TO STATING THE ST. (C)	<u>.</u>	rteriosclerotic ovascular Diseas	se
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO THE	20A, AUTOPSY?	(Yes or No) 20B, IF YES, WEI	RE FINDINGS CONSIDERED
19A, DATE OF OPERATION 19B. C				
	PERFORMED 21 B. PLACE OF INJURY (a home, farm, factory, streetc.)	e.g., in or about 21C, WI	NO HERE DID (If in Baltimare Cit	CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (notation for form, foctory, streetc.) Year) (Hour) 21E. INJURY OCCURR WHILE AT N	e.g., in or about 21C, Willet, office bldg., INJURY	NO HERE DID (If in Baltimare Cit	CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Manth) (Day) (100 (APPROX.) 22. I certify that I held an resulted from: Natural SIGNATURE EXAMINER'S	Year) (Haur) 21E, INJURY OCCURR WHILE AT N WORK A Inquiry Inspection X	e.g., in or obout 21C, WI et, office bldg., INJURY RED 21F. HOV OT WHILE 2 Autapsy and Hamicid CHIEF ME M. D. ASSISTANT ME	NO HERE DID (If in Baltimare Cit OCCUR? W DID INJURY OCCUR?	in my apinfan



VS 151-REV. 1/1/65

	67 9	3832 baltimore city hea	ALTH DEPARTMENT		67 9832
BIRTH NO.	MED	ICAL EXAMINER'S C	CERTIFICATE C	OF DEATH Registe	red No.
M.E. CASE NO.					
1. NAME OF DI (Type or Print)		ELLA JONES		ctober 7, 1967	5:40 P. M.
3. PLACE IN BA		HERE PRONOUNCED DEAD	A. STATE Maryla	and B. cou	
HOSPITAL OR		AL OR INSTITUTION, GIVE STREET	Baltin		RURAL and give township)
00		ngton Street	722 W	. Lexington Str	eet
5. SEX Female	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 8/21/31	9. AGE (In years last birthday) 36	If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
dane during man	employed if retired)	k TOB. KIND OF BUSINESS OR INDUST	Baltimore	Md	12. CITIZEN OF WHAT COUNTRY? USA
Boston	Stukes		Mary	NAME	
	SED EVER IN U.S. ARMEI		Mrs Mary	Stukes 800 B	ridgeview Road
DISEASES RISE TO T UNDERLY	and meen the made of the tree, asthenia, etc. It meon complication which caused anteceptation which caused anteceptation of the cause o	SANY, GIVING DUE TO CONTRIBUTING	Antonio - 1 - 1 - 1 - 1	ic heart diseas	
DISEASE	OF OPERATION 198, CON WAS PER	NOTION FOR WHICH OPERATION		10 Na) 208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED
UNDERLYING	AL CAUSE WAS GOR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g. hame, form, factory, street, etc.)	, in ar about 21C. WHERE	DID (If in Boltimore City, gir	ve exact facation)
21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yee	WHILE AT NOT	T WHILE WORK	D INJURY OCCUR?	
ACTU/ SIGNA EXAMI	AL TURE Clark	Inquiry Inspection A	utopsy X and that ide Homicide CHIEF MEDICA		
23A. BURIAL CR REMOVAL (Spec Burial	238. DATE 10/13			A A County	lawn, ar county) (State)
24A. DATE REC'I	OCT 1 6 1967	Plant E. Falley	24C. FUNERAL DIRI		ADDRESS North Ave

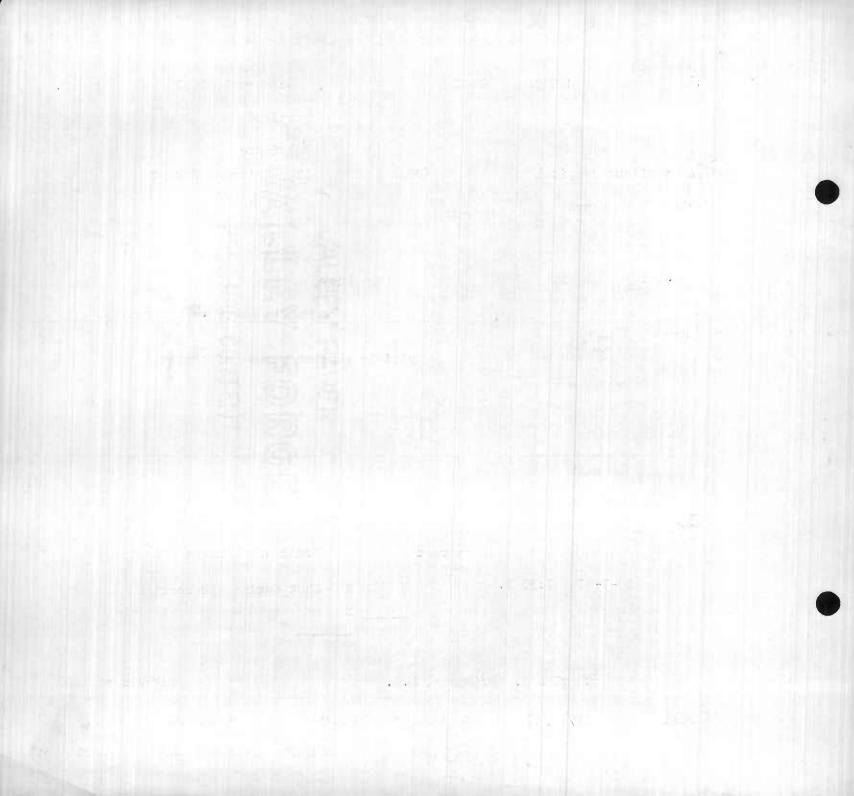


W-252 BIRTH NO.

VS 151-REV. 1/1/65

67 9833 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9833

M.I	E CASE NO.										
1. [NAME OF DEC	EASED					2. DATE AND	HOUR PRONOUNCE	DEAD		
,	70 01 111(11)		CHES'	FAR W	EGGINS		Octobe	r 7, 1967		8:00 P.	м.
3. P	LACE IN BALTI	MORE, MARY	AND, WI	HERE PRONOU	NCED DEAD	A. STATE		eceased lived. If insti B. COU	tution: resi	dence befare admis	sian)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN			TION, GIVE STREET		Maryland WN Of outside	corporate limits, write	RURAL o	nd give township)	7
-	9 -					III	Baltimor	е		160	Lann
7	1 .	1			(701)	D. STREET ADDI					
6	Provi	dent Ho	spita.	L	(DOA)		1203 Whi	tcoat Stree	t		
5. \$	Male	6. RACE Neg:	ro	WIDOWED, D	NEVER MARRIED DIVORCED(specify) parated	B. DATE OF BIRTI	H	9. AGE (In years last birthday) 40	If Under Manths	Days Hours	Hrs.
					BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	Stole or foreign	country)	12. CITIZ		
don	during most of w	-	if relired}			North C	Carolina		WILA	T COUNTRY?	
13.	ATHER'S NAM		-	1		14. MOTHER'S M				S A	
	07-5	1.7.2									
15.	Clint WAS DECEASED		gins	FORCES?	16. SO CIAL	LUCY 17. INFORMANT			ADDRES	5	
	, no or unknawn)				SECURITY NO.						
	?					r M	Marvin L	ucas 1924 B	runt	St	
	1B.	211			CAUS	OF DEATH				INTERVAL BETW	
	DISEAS	CON COND	TION N	SCTI V					- 14	ONSET AND DE	AIH
	DISEAS	LEADING TO		RECILY	Multi	nle guncho	t wound	s of thorax			
	(This does n	ot meon the	mode of	dying, e.g.,	DUE TO	pre gansiic	Je woulld	S OI CHOLAX			
	heart failure,	asthenia, etc. nplication which	It means	the disease,							
		NTECEDENT			(R)						
		OR CONDITION			DUE TO			** ** ** ** ** ** ** ** ** ** ** ** **	***************	× +0 + + +0 +0 +0 +0 +0 +0 +0 +0 +0 +0 +0	,
		G CONDITIO		AIIIVO INE							
Z					(C)						
CERTIFICATION	TO THE	II NIFICANT CON DEATH BUT R CONDITION	NOT REL	ATED TO TH							
	19A. DATE OF	OPERATION		DITION FOR V	VHICH OPERATION	20A. AUTOPSY Yes		OB. IF YES, WERE FIND CAUS			
MEDICAL	21 A. EXTERNAL	CAUSE WAS	5	21B. I	LACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID	f in Boltimore City, giv	ve exoct le	ocotion)	_
2	UNDERLYING DUTING CAUS	OR CONTRIB-		home,	form, foctory, street,		_	Tours Ch		67 .	
量					street			Laurens St	reets	14-0	5
_	21 D TIME OF INJURY	(Month) (Do	y) (Yeor		E INJURY OCCURRED		OM DID INJU	RY OCCUR?			
	(APPROX.)	10-7-6	7 7	:55 P. W	HILE AT NOT	WHILE X Sh	not duri	ng altercat	ion		
	22.	ify that I hel	d an 1r	nquiry 🗌	Inspection Au	tapsy X and	d that on this	basis, death In m	ny apinla	n	
	result	red from: Na	tural cau	ses 🗌 A	ccident Suicio	de 🗌 Hamici	de X U	ndetermined manne	or 🗌		
		0/	1 1	1	1 - 1	CHIEF M	EDICAL EXA	AMINER			
	ACTUAL		en L	,) . ,	1 - 1	ASSISTANT M				DATE SIGNE	D
	SIGNATI		1	0 0	J. J. 4		EDICAL EX				
	NAME (7	Type)	naries	s S. Spr	ingate, M.D.	AJJOCIA I E M	EDICAL EX	Oc	tober	8, 1967	
	BURIAL CREA	MATION, 23B.	DATE	230	NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City,	ławn, ar	county) (State	9)
REA	MOVAL (Specify		0/13/			Cemetry		A County			
	DATE REC'D				OF REGISTRAR		AL DIRECTOR			ADDRESS	
					Farker			alstead 12	- 1		lve
	OC	1 7 0 120	M UG	Ments C	, design of						



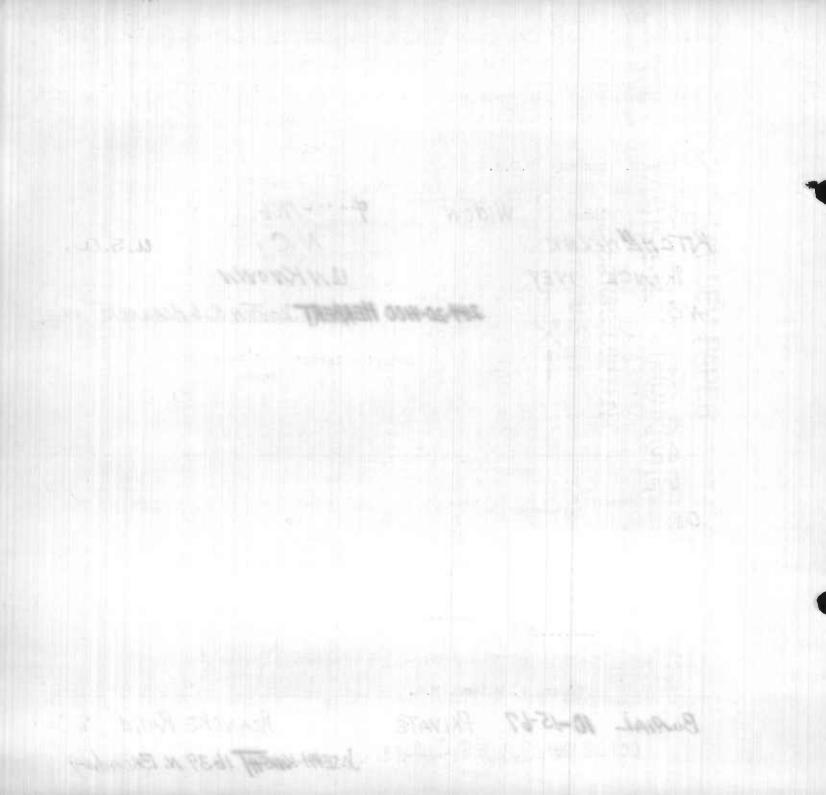
F- <	130 0	009	BALTIMORE CI	TY HEALTH DEPARTMENT		67. 9834	
BIRTH NO. M.E. CASE NO.	b	1, 300	CERTIFIC.	ATE OF DEATH	Registered Na	0,, 0003	
1. NAME OF DE (Type or Print)					D HOUR OF DEATH	6.25	A
3. PLACE OF D	OF (If not in haspite	ARYLAND	rve street	4. USUAL RESIDENCE (When A. STATE B. COUN MARYLAND	e deceased lived. If in	stitution: residence before add	nissic
HOSPITAL OR	BALT IMORE C	TY NOSPI		BALTIMORE		RURAL and give township)	0
31	4940 EASTERN BALTIMORE, N		21224	30 N. SMALLW	ood STREET	21223	
FEMALE	6. RACE NEGRO	7. MARRIED, WIDOWED	NEVER MARRIED DIVORCED (specify) OWED	6-21-15	9. AGE (In years last birthday) 52	Months Doys Haurs	24 H Min.
lone during most o	CUPATION (Give kind at wall warking life, even if retired	1	BUSINESS OR INDUST	VIRGINIA	gn country)	12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NA	Krown		1	NORA S			
5. Was Decease	ed Ever in U. S. Armed F vn) (If yes, give wor or do	orces?	16. SOCIAL SECURITY NO.	17. INFORMANT BCH: RECORDS	49 40 EASTE	RN AVENUE 2122	4
18.5-8	8/1/1		CAUSE	OF DEATH		INTERVAL BETWE	
DISE	ASE OR CONDITION E LEADING TO DEAT		6	al weificing	4.	accetain at least 4	
OTHER SIGN	OR CONDITIONS, if the abave cause (A NG CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	CONTRIBUTING		hone blobblesus arforis, asertes, departie insuffic	elney		******
	OF OPERATION 198. CO		HICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CALL	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF CAUS	21 B. home etc.)	PLACE OF INJURY(e.g. e. larm, factory, street,	affice bldg., INJURY OCCUR?	(II in Baltimare	City, give exact lacation)	
21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea		INJURY OCCURRED ONE AT AT WO		URY OCCUR?		
22. I certif	y that (1) (this hospit	al attended th	e deceased from	10/5/17	19 ta /	0/14 19	6
	e) Jost saw the decea		/	/	at In(my) (aur) bpl	nian death accurred an t	he d
23A. SIGNAT		A abave. (1)	(me) (did) (did hat)) view the bady after death.		23 B. DATE SIGNED	
	horard,	my	M.D. A	Attending Med. Thys. Director	Staff Phys.	10/14/67	
23C. PHYSICI	(Type) LEON LEON	LIPPM LIPPM	MAN M.	D. BALT- OLT	ERN AVENUE B	ALTO! MD. 2122	4
SHOVAL	REMATION. 248. DATE	167 7	ME of CEMETERY of C	CREMATORY 24D, L.	ocation (Ci	ty, tawn, ar county)	(State)
OG 1	6 1967 R.C.	25B. NAME O	F REGISTRAR	Many Jan Director	Lynn 638	on gelmon &	
\$ 150-REV. 1/1	/65				\		



9835

1 67 9835 BALTIMORE CITY HEALTH DEPARTMENT 67 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	EKTITIONTE OF DEPATTIONS
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)	
HATTIE CONYER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	October 11, 1967 \$ 9:15 am.
or target in straining with the training in the training in the straining	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
00 1716 N. Broadway D.O.A.	D. STREET ADDRESS (If rurol, give locotion)
- 1710 N. Bloadway D.O.A.	1716 N. Broadway
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs,
WIDO WED, DIYORCED (specify)	Months Doys Hours Min.
Female Colored WIGOW	7 -1706 61
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
KITCHEHELIER	N.C.I U.S.Q.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PRINCE IVEY	IANKAINANAI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
NO 244-20-4100	HERBERT OHNSIAN 526 BEAUMINU AVE
18. CAUSE	OF DEATH INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	wisselsmatic Coddianagoular
I like does not mean the mode of dying, e.g., but to	riosclerotic Cardiovascular
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	Disease
	1
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	***************************************
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? IYes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
. 1/ /	No No
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or about 21C. WHERE DID lif in Boltimore City, give exact location)
O UNDERLYING OR CONTRIB-	omce bidg., INJURY OCCUR?
7	
OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) M. WHILE AT NOT AT W	WHILE
22.	
I certify that I held an Inquiry Inspection X Au	topsy ond that on this basis, deoth in my opinion
resulted from: Notural couses X Accident Suicid	e Homicide Undetermined monner
DN 17/11	CHIEF MEDICAL EXAMINER
ACTUAL SELBONS F-1/1/ACT	ASSISTANT MEDICAL EXAMINER X
	ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	October, 11, 1967
NAME (Type) Edward F. Wilson, M.D. 23A. BURIAL CREMATION, [23B. DATE [23C. NAME of CEMETERY of CEMETE	
REMOYAL (Specify)	12 11- 701
BURIAL 10-15-61 TRIVATE	MOANOKE KAYED N.C.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
OCT 1 6 1967 R.D. & E. FalkenMA	In-mail 1/ Til To 1/ Til
albama -	VOSEPH-KNIGHI 1634 N. BROADWAY
VS 151-REV. 1/1/65	



1	67 9836 BALTIMORE CITY HEALTH DEPARTMENT	67 9836
	RTH NO. CERTIFICATE OF DEATH Registered No.	07 3000
	YPO OF PRINT MR ALBERT BUSSIE 2. DATE AND HOUR OF DEATH	
3.	FULL NAME OF (It not in hashital at institution give street)	nd St Balt
0	INSTITUTION Provident Hospital	RURAL and give tawnship)
P	9/514 Diossion St. Balt - 2/2/7 D. STREET ADDRESS (Il syrol, give logation)	16-03
	Finale 6. RACE N 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 1898 lost birthday 69	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
de	DA. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) one during most of working fite, even if retired) Carolin.	12. CITIZEN OF WHAT COUNTRY?
	UNK. 14. MOTHERS MAIDEN NAME UNK. SANIE BUSSIC,	
(Y	5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 216 - 10 - 89414 Mys Mayola McIndyre	3928 Glenhunt
	DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., (This does not meon the mode of dying, e.g.,	a 3 days
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if only, giving	
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION tost.	
1101	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		FINDINGS CONSIDERED AUSES OF DEATH?
41 0	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? etc.) (If in Baltimo bldg., INJURY OCCUR?)	re City, give exact location)
1	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
	22. I certify that (I) (this haspital) attended the deceased fram Oct 14 19 67 ta that (I) (we) last saw the deceased alive an	Oct 14 19 67
	and haur and from the causes stated above. (1) (We) (did) (dtd not) view the bady after death.	
	23A. SIGNATURE Chokkel M. D. Attending Med. Director Phys.	238. DATE SIGNED -67
	23C. PHYSICIAN'S NAME (Type) POCHNA CHOTIKUL M.D. 1514 Dioision St &	1217
2	BUVIA 10-18-67 H ZION Cem. Baltimore	City, town, or county) (Stote)
2	SA. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTERAR 125C. FUNERAL DIRECTOR 125C. FUNERA	1701 AUGENS ST
V	\$ 150-REV. 1/1/65	11-1 MINNER

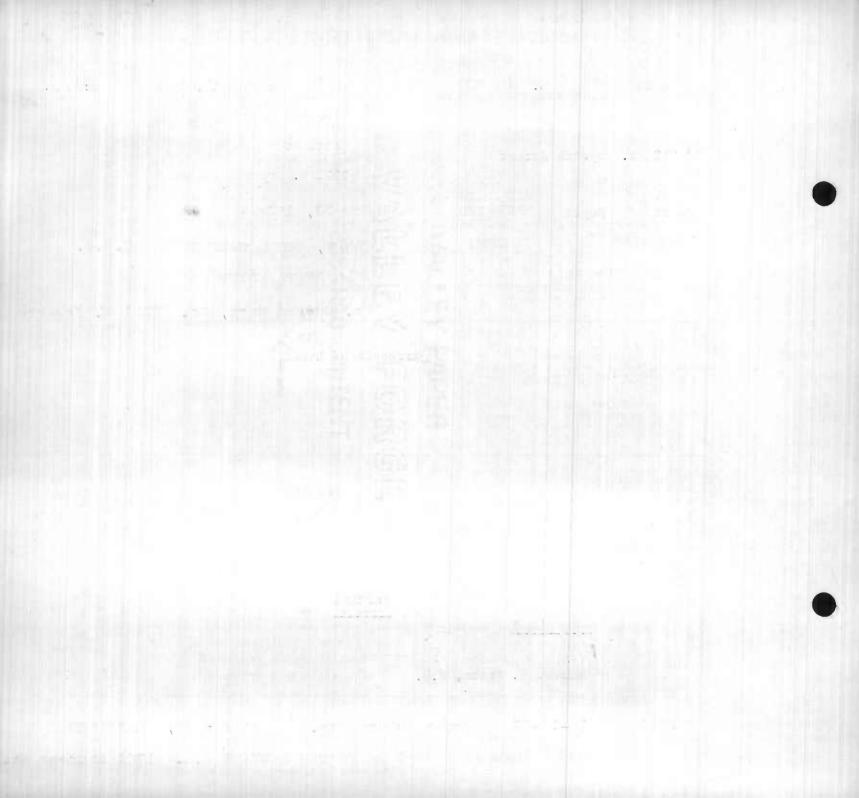


H.630 H.630

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,,,,,,, ,=,, , ,		,,,,,		1000			
I. NAME OF DECE	ASED				2. DATE	AND HOUR	PRONOUNG	CED DEAD		
(Type or Print) RUTH	I	(HAI	RT) HARD	Г	Oc:	tober 1	3. 196	57	6:	50 A. M.
3. PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL A. STATE	residence (Whi	ere deceosed	lived. If in s	titution: resi	dence be	efore odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		R TOWN (If ou	tside corporate	limits, wri	te RURAL o	nd give	township)
	W. Fayette S	treet			Ltimore Address (If re	rol. give loco	tion)	70		-
00					21 W. Fay					
5. SEX 6	. RACE Negro		NEVER MARRIED IVORCED (specify)	B. DATE OF		9. AG	E (In years inthdoy)	If Unde Months	Doys	f Under 24 Hrs. Hours Min.
IOA. USUAL OCCUP		108, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPL	ACE (State or lo	reign country)	TTAIR		T COUL	
ROBERT	CAMPBELL			14. MOTHE	SOUT		LINA	5	3 /	98
15. WAS DECEASED	EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM	AMETA :	HAYES		ADDRES	S	
				Mr. I	ludson i	Hart,	Jr.	2221	W.	Fayette
18.	1.0		CAUS	E OF DEAT	1				INTERV	AL BETWEEN
DISEASE	OR CONDITION DI	RECTLY		osis of						
DISEASES OF RISE TO THE UNDERLYING	of mean the mode of osthenia, etc. It means plication which coused the plication which coused the plication which coused the plication which coused the plication which conditions is a condition to the plication of the plication	S NY, GIVING TATING THE CONTRIBUTIN LATED TO TH		P	artial					
19A, DATE OF	OPERATION 198, CON WAS PER		VHICH OPERATION	20A. AU	Yes or I			INDINGS OF DI		RED
21 A. EXTERNAL UNDERLYING OUTING CAUS	OR CONTRIB-	21 B. F home, etc.)	form, foctory, street,	in or about a office bldg., I	1C. WHERE DIE NJURY OCCUR?	O (If in Boltin	more City,	give exoct l	ocotion)	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		ORK AT	WHILE	F. HOW DID I	NJURY OCCU	JR?			
	R's Werne	nquiry Duses X A		de H	ond that on amicide EF MEDICAL NT MEDICAL TE MEDICAL	Undeterm EXAMINER EXAMINER	ined man	ner 🗌		E SIGNED
23A. BURIAL CREM REMOVAL (Specify) BURIAL 24A. DATE REC'D E	10-16	24B NAME	Mount Aub	urn Ce		BALTI		y, town, or		(Stote)
	OCT 1 6 1967	Robert	3 E. Janbey M.	MOF	TON & I	DYETT	F.H.	1701	La	urens S
VS 151-REV. 1/1/6	5		7 7 - 3	A 10	(3) [3	0				

0 8 6 8



77 ED	67 9838	BALTIMORE CITY HE	ALTH DEPARTMENT		67 9828
BRTH N M.E CA 1. NAMI (Type of		CERTIFICATE	OF DEATH	Registered No.	07 0000
	E OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or	LOKICK, DANIEL		10-	13-67	1 12:45 PM
3. PLAC	E OF DEATH IN BALTIMORE, MARYLAND	4.	USUAL RESIDENCE (When	e deceased lived. If insti	tution; residence before odmission)
FULL HOSP INSTI	NAME OF (If not in hospital or institution, give state of the condition) TUTION	street	CITY OR TOWN III out	alle me	RAL and give township)
130	O Eastern Ave. Baltimore Ma	ryland D.	STREET ADDRESS (IF	urol, give location)	ill Aug.
5. SEX	6. RACE 7. MARRIED, NEV	VER MARRIED VORCED (specify) B. D		AGE (In years)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
10A. USU	Male Megro Ma	ned 1	BIRTHPLACE (Stote or foreign	61	12. CITIZEN OF
141			S. C.		WHAT COUNTRY?
13. FATE	HERS NAME	14.	MARY LOR		
15. Wos	Deceased Ever in U. S. Armed Forces? 16.	SOCIAL 17.	INFORMANT	10.2	ADDRESS
(Yes, no d	or unknown) (II yes, give wor or dates of service)	SECURITY NO.	H: Records 49	40 Eastern A	ve.
110	b/	CAUSE OF D	wife Ba	Itimore, Mar	yland # 21224
18.		CAUSE OF D	EAIH	1	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Kon	Bis alles.	Assest	5 William
(Thi	is does not mean the mode of dying, e.g.,	DUE TO	ic caeou	- y cuch	James
hea	ort foilure, osthenio, etc. It meons the disease, ary or complication which caused deoth,)	1	1 M	0 1 -	1-1/5
	ANTECEDENT CAUSES	(B) Cele	ar Jaccu	las Acces	and 4 Days
DIS		DUE TO	8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n n 0 n n n n n n n 199 n 0-0 with n 0 often n n d n n n d 1 with n 9 with	
	EASES OR CONDITIONS, if any, giving to like obove couse (A) stating the	(C)			
UN	IDERLYING CONDITION Iosi,	664 Buox 000 Buokrama 600 uo	an 000 00 000 000 00 10 10 000 000 111 1107 01 1101 00 000 0	94 x 90 90 9 x x 0 900 9 0 0 0 x 0 x 0 0 0 0	
N OTI	HER SIGNIFICANT CONDITIONS CONTRIBUTING	Dans		1. 7.	
A DIS	THE DEATH BUT NOT RELATED TO THE SEASE OR CONDITION CAUSING IT.	Prulun	wind, &	rallells	
ERTIFIC 19A	DATE OF OPERATION 198. CONDITION FOR WHICH	CH OPERATION	20 A. AUTOPSY? Des or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
# 0			NO		
OR DEA	ACCIDENT WAS UNDERLYING 218. PLA CONTRIBUTING CAUSE OF ATH (notily medical examiner) etc.)	CE OF INJURY (e.g., in or orm, foctory, street, office	bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
9		URY OCCURRED	21 F. HOW DID INJU	IBY OCCIIB?	
S OF	INJURY WELL A		211. HOW DID INJ	JRT OCCUR:	
(API	PROX.) Work	At Work			17
22.	I certify that (I) (this hospital) attended the de	eceased fram 10-	-9-67 1	9 to 10-	-13 196/
tho	(I) (we) last saw the deceased alive an	0-13	19 6 / and the	at in (my) (aur) opini	on deoth occurred an the dat
and	hour and from the couses stated above (1) (W	a) (did) (did not) view			
70,000	SIGNATURE	0	The body effet deaths	12	38, DATE SIGNED
	Delinit Alla	Attendin Phys.	Med.	Stolf A	10-13-67
220	PHYSICIAN'S			Phys.	
230.	NAME (Type) ROBERT A. CO	ORDESM.D.	940 Eastern Av altimore, Mary	e. Baltimore	City Mospitals
24A. BU	RIAL CREMATION, 248. DATE 24C. NAME	ef CEMETERY or CREMA	TORY 24D. LC		town, or county) (Stote)
RE	MOVAL (Specily)	- Archi	011 +	Salda	Md
25A DA	ATE REC'D BY HEALTH DEPT. 258. NAME OF RE	FGISTRAP	25C. FUNERAL DIRECTOR	H 140.	ADDRESS
230.07	ATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	Jankey M. M.		+ Desti	- F /// 1/20
	OCT 1 6 1961 (12 Dec) C	4)	MORTON	Juge 11	TUN, OOM.
\$ 150-	REV. 1/1/65%		1 1 1 0	1701.	LAURENS

Chanis 6 . 140-600 MARCH LORGICE William William EURIN TO PER HOLDER BOLDE. HORTON & DOPETH

and

	0.00	BALTIMORE CITY	HEALTH DEPARTMENT		OF	0000
BIRTH NO.	67. 9839	CERTIFICA	TE OF DEATH	Registered No.	0/	9839
M.E. CASE NO.			. DATE	AND HOUR OF DEATH		
Type or Print F 117 48:	ETH STANK	EWICH T	IIRKSTO	10/15/6		2:450.
B. PLACE OF DEATH IN BALTIMO	RE, MARYLAND	-41-11	4. USUAL RESIDENCE (W	here deceased lived. If i		nce before odmission
			A. STATE B. CO	UNTY		
FULL NAME OF (If not in I HOSPITAL OR oddress or	aspital or institution, give st	reet	MV.	. 1	2012	
INSTITUTION	1000110117		C. CITY OR TOWN (II	outside city limits, write	RURAL ond our	a township)
9			D. STREET ADDRESS	Of such since leasting)		
FRANKLIN SQ	WARE HE	95P.		Fombard	84.	
S. SEX 6. RACE	7. MARRIED NEVE	R MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Y Months: Doy	r. I(Under 24 Hrs s Hours Min.
7 W	WIDOU		8-15-1896	70	1000000	
A. USUAL OCCUPATION (Give kin			11. BIRTHPLACE (State or fe	areign country)	12. CITIZEN	
ane during most of warking life, even if	retired) CLothi	10	1,7-14,1821	14	WHAT	QUNTRY?
141401	CLUINI		LII HUAN	H		
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
UNKNOWN			UNKNOW	W		
5. Was Deceased Ever in U. S. An res, na ar unknawn) (If yes, give war	med Farces? 16. St	OCIAL	17. INFORMANT		ADI	DRESS
es, na ar unkna wni (ii yes, give wai	ar dates at service) 57	ECURITY NO.	Records			
NO NO	12)	1-12-6104				
18.33/XI		CAUSE O			ONS	RVAL BETWEEN
DISEASE OF CONDITI			CVA; t renal Obstructi	lout		5 hours
LEADING TO		(A)	17	race		- 5 /ww
(This does not mean the m heart failure, asthenia, etc. It		DUE TO	renal	gallere		
injury ar camplication which	caused death.)		mat -	<u></u>	1 50	1
ANTECEDENT C	AUSES	(B)	Windle	ne pew	ropaux	ry
DISEASES OR CONDITION	S, if any, giving	001			/	
rise la lhe abave caus	e (A) stating the	(C)				
UNDERLYING CONDITION I	osl.					
II.						
OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING					
DISEASE OR CONDITION CAL	J SING IT.					
	B. CONDITION FOR WHICH AS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS COL	NSIDERED TH?
U 21 A. ACCIDENT WAS UNDERL	YING 21B. PLAC	E OF INJURY (e.g., in	ar about 21C. WHERE DID	(If in Baltima	re City, give exe	act facation)
OR CONTRIBUTING CAUSE DEATH (natify medical examine		n, tactary, street, of	fice bldg., INJURY OCCUR?			
21D. TIME (Month) (Day)	(V) (H-) 215 INIH	RY OCCURRED	015 110 11 710 1			
OF INJURY (Manth) (Day)			21F. HOW DID I	NJURY OCCUR?		
(APPROX)	While At	Nat White	· 🗌 ,			
22. I certify that (I) (this h	spital) attended the de	censed from	10/15/	19 6710	10 /1	3 19 67
			1.0 8 7		>/	
that (1) (e) lost sow the d		0/15	(that in (my) (our) op	inion deoth of	ccurred on the do
ond hour and from the caus	es stoted obove. (1) (We) (dld) (did not) v	iew the body ofter deot	h.		
23A. SIGNATURE	. ,				23B, DATE SI	GNED
Kerlos	elecom	M.D. Atte	nding Med. Director	Stoff Phys.	10/1	15/12
23C. PHYSICIAN'S	2000-1776		23D, ADDRESS	rnys, and	1,	9/0/
NAME (Type)			To alle	21 00	11200	
HECTOR 6	" PELICIF	700 M.D.	MANNELI	n degi	HESP	•
4A. BURIAL CREMATION, 24B. D	ATE 24C. NAME o	CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, tawn, or co-	unty) (State)
Bun 101	15/67 MATTL	NVP. 1.	and lear	De otre on	MA	
5A. DATE REC'D BY HEALTH DEP	T. 25B, NAME OF REG	ory redeer	25C. FUNERAL DIRECT	OR THE PARTY OF TH	//	ADDRESS
OCT 1 6 196	- 4 - 4 7	A.O. M.S.	Those J. Ke		og hto De	ADDRESS
QC Y 0 120	1 Upper C. 1	CLADON, W.	111031 3.16	7 100 10		
S 150-REV. 1/1/65				1		

S

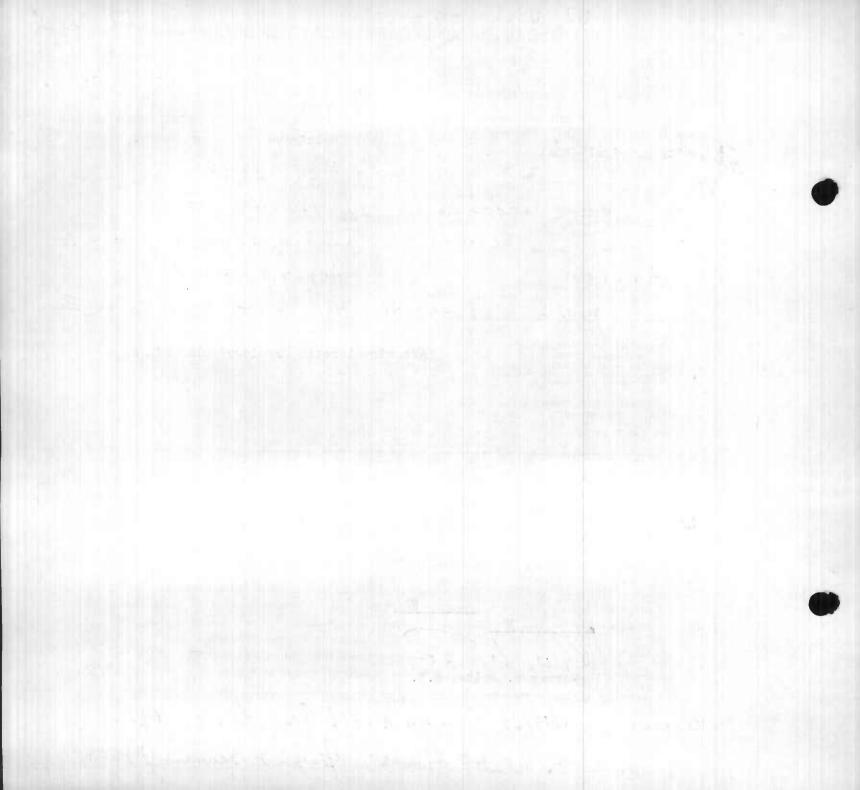
VS 150-REV. 1/1/65

70 15 - 03 10 H

While a wat

67 9841 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNCED DEAD			
Lewis Cross			October 15, 1967 7:55 P. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceased lived. If institution: residence bafare admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA'	L OR INSTITUTIO	N, GIVE STREET	C. CITY OR TOV	VN (If autside carparate limits, wite RURAL and give township)			
LCity Hospital (DOA)				RESS (If rural, give location)			
9			3520 Bank Street				
5. SEX 6. RACE	7. MARRIED, NEV		B. DATE OF BIRTH	H 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.			
Male White	Neden	Marriel	3/14/1	1894 73			
dane during most of working life, even if retired)	_) I I	WHAT COUNTRY?			
Vainter.	Re+1	Red	Lond 14. MOTHER'S M.	ON INGIAND U.S.A.			
AN DREW			Agnes Burney				
15. WAS DECEASED EVER IN U.S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT J ADDRESS				
(Yes, na arunknawn) (If yes, give war ar date:	di servicei	11-10-4718	Mes	Jawet NORDT - 3526 Bother			
118.	1	10	OF DEATH	INTERVAL BETWEEN			
7 3 3 1 1				ONSET AND DEATH			
DISEASE OR CONDITION DIS LEADING TO DEATH	RECILT	Arteri	osclerotio	c Cardiovascular Disease			
(This daes not mean the mode of heart failure, asthenia, etc. It means injury at camplication which caused of	dying, e.g., the disease, death.)	DUE TO					
ANTECEDENIT - CALLER							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A		(8)					
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.		000 10					
		(C)					
2 "							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERI	ATED TO THE	***************************************	0 0 11 11 11 11 11 11 10 0 11 11 0				
19A, DATE OF OPERATION 19B, CON		CH OPERATION	20A. AUTOPSY	7? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
WAS PERI	FORMED		No	IN CERTIFYING CAUSES OF DEATH?			
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLA home, f	CE OF INJURY (e.g., orm, factory, street,	in or about 21C. V	WHERE DID (If in Baltimare City, give exact location)			
ZID IIIVIE (Manin) (Day) (real) (Hour) 21E.	INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?			
OF INJURY (APPROX.)	m. WHI		WHILE				
22. I certify that I held on I		[7]		d that an this basis, death In my apInlon			
resulted fram: Notural ca	uses X Acc	ident Suicid	le Hamici	ide Undetermined manner			
Tue	1 (CHIEF M	SEDICAL EXAMINER			
ACTUAL ////LAA	1/1	7	M THATELESA	DATE SIGNED			
SIGNATURE AND THE	77 0 16	M.D	•	MEDICAL EXAMINER 10/16/67			
EXAMINER'S Werne	r U. Spit	z, M.D.	ASSOCIATE				
23A. BURIAL CREMATION, 23B. DATE, REMOVAL (Specify)	23C.	AME of CEMETERY	or CREMATORY	23D. LOCATION (City, town, or county) (State)			
Banal 10/19	1/62/	oudon 11	a+11 (em Balto. Md.			
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNER	RAL DIRECTOR ADDRESS			
		7.0	1/2	12 24 12632 5.10			
VS 151-REV. 1/1/65	Oblat !	- Jankey MA	7000	ged 11. Januar J. 1 - Conting			



11-460	BALTIMORE CITY	HEALTH DEPARTMENT		67 8842
BIRTH NO. 67	9842 CERTIFICA	TE OF DEATH	Registered Na.	00 200
M.E. CASE NO. 1, NAME OF DECEASED	0010	DATE AN	ID HOUR OF DEATH	
(Type or Print) POBCOT I	ASTER MAU	I FO Ort	- 12 (19)	7 51150
3. PLACE OF DEATH IN BALTIMORE MARYL	43 EK FING	4. USUAL RESIDENCE (Whe	re decensed lived If insti	W. 13 D. N
		A. STATE B. COUN	TY	A Testdence being burnesion.
FULL NAME OF (If not in hospital or in	stitution, give street	MAR	LAND E	Baltimore Co.
HOSPITAL OR oddress or location)	C 2 :	C. CITY OR TOWN (If of	tside city fimits, write RU	RAL ond give township)
3/ FRANKLI	N SQUARE	BAL	TIMORE	21221 33-00
26		D. STREET ADDRESS (If	rural, give location)	
HE	SPITAL	HOLLY	- NECK F	20 BOX 7.89
5. SEX 6. RACE 7. I	MARRIED, NEVER MARRIED	B. DATE OF BIRTH /	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
MW	WIDOWED, DIVORCED (specify)	2/1/1899	lost birthdoyl	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore	ion country)	12. CITIZEN OF
done during most of working tife, even if retired)	9	116016	1 1 15	WHAT COUNTRY?
Retired Wholesale Stat	cionery Business	MARYLE	(N)	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
CONFAD	MAUGER	ELIMA	SPEN	CE
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	- TUN	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of	Service) SECURITY NO.	INFORMANT		ADDRESS
Yes wwa.	217-01-78	19 Mr. John Ka	praun, 114 Pc	plar Ave. #21
18.21 92 / 1	CAUSE O	F DEATH	alus.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY PILEV	norang out		ONSET AND DEATH
LEADING TO DEATH	(A) Ar	Perus cleso/	c Car -	- 75 mins
(This daes not mean the made of dyi	ng, e.g., DUE TO	11-1/10-1	AR, DISENS	
heart failure, asthenia, etc. II means the injury at complication which coused dea		a10 VASCUL	AR DISEND	
ANTECEDENT CAUSES	(B)			
	DUE TO	~9 		
DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) sto				
UNDERLYING CONDITION last.	(0)	\$6 6776 66 77aa 677a a 6 mm ammaa mmammaa gun aqqya gga gg	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
[1				
7	IRIBUTING			
OTHER SIGNIFICANT CONDITIONS CONTO	TO THE			
19A. DATE OF OPERATION 19B. CONDITION	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	AED	400	IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore C	City, give executocotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?		
U				
W OF INTURY	OUT) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	,
(APPROX)	White At Not While Work At Work	° 🗌 📗		
22 1		9/22	1067. 16	1/3 67
22. I certify that (1) (this haspital) at	10/15	1//	19 10	195
that (I) (we) Past saw the deceased a	ive an	19/ ond th	at in (my) (aur) apinio	an death accurred an the dat
and hour and from the causes stated	above. (1) (We) (did) (did nat) v	riew the bady after death.		4 3
23A. SIGNATURE	100		12	3B. DATE SIGNED
de leur	M.D. Atte	ending Med.	Stoff	10/13/67
22C BUYELGI ANE	Phy		Phys.	10/1/0/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
AMABLE AC 1	VEN DOZA M.D.	FRANKL	IN SQU	ARG HOSP,
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	EMATORY 24D. L	OCATION (City,	town, or county) (Stote)
Burial 10/16/67	Parkwood Cemete	עיינ	Baltimore,	
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		MA 2121
OCT 1 6 1967 (200)	B & starbushi	Leonard J. Ru	CK THE DELLE	A-d' STSTA
/S 150-PEV 1/1/65				

are the property of the state of the state of

EST post out on the process and the second s

an great flow games was

IERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	ed by the chief medical examiner or his assisted hospital by a medical examiner. Also, if the lature; (2) Body burns; (3) A fracture of any kinitipt where the physician who pronounced deat (6) No physician was in regular attendance ined before the remains are embalmed or final
	This certificate must be approved the body was released to the belows: (1) An accident of any news D.O.A. at a hospital (excedeceased prior to death); and written approval must be obtains

M-62	0	1 000	00/		MORE CITY H	EALTH	DEPARTMENT	Ť		67	9843	4
RTH NO. 67	1-1672	6/	984	CER'	TIFICAT	EO	F DEATH	1	Registered Na.		040	
NAME OF DECI	ASED						2 DATE	E AN	D HOUR OF DEATH			
ype or Print)		David	Anti	hanu A	lartin		2.00		1 10 10	17 1	2 21	n
				will in			UC	to	ber 12,19	0/	2:41	M.
PLACE OF DEA	TH IN BALTI	MORE, MAI	RYLAND			4. USUA A. STATE	B. C.	OUN	e decoased lived. If it	n slitution: reside	nco belato admis	Sioni
		1					Md.			1	07	
FULL NAME O		in hospitol o	or institution,	givo streot		CITY		If out	sido city limits, write	RURAL and air	o township)	
INSTITUTION						C. CITT	OK 101111		0 1		1 1	
1/1/	Union	Memo.	rial t	Hospita	rl			11.6	Baltimo	re 212	//	
Hut	0					D. STREE	T ADDRESS		urol, give location)	C.		
1-1								27	21 Atkins	ion It.		
SEX	6. RACE			, NEVER MARI		DATE	OF BIRTH	10	9. AGE (In years	If Under 1 Months: Do	Yr. , If Under 24	
11	1111 . ,		(.	D, DIVORCED		1	21 106	7	ost birthdoy)	Months: Do	ys Hours Mi	n.
Male	Whit	e	311			iug.	21,196	/ 4		1 2		
A. USUAL OCCL			10B. KIND O	F BUSINESS OF	RINDUSTRY	1. BIRTH	PLACE (State or	torei	gn country)	12. CITIZEN WHAT	COUNTRY?	
A /	working life, eve	en il reilied)					Mary	100	1		115A	
//0/	re				,	4 14071	HER'S MAIDEN				UJI	
FATHER'S NAN					ľ	4. MOII	HEKS MAIDEN	NAN		0.1		
	10	vru A	. Mar	tin					Mary E.	yohns	on	
. Wos Deceased		- 0		1 6. SOCIAL	1	7. INFOR	MANT			Ar	DRESS	
es, no or unknown	(If yos, givo	wor or dote:	s of service)	SECURITY			1	/	1. Martin	~~	((
No				None		Mr	. Larry	4 /	. Martin		(same)	
1B.	0.5			1	CAUSE OF	DPATH		. :		INT	ERVAL BETWEEN	
-0-7-0	010				0 1	ne	umal	710	2		SET AND DEATH	
	LEADING T		ECTLY		1/1	77/11 -	DAIN	M	7/4	-	1 1	0,1
			4.2	(A) full	wy	U/W		evango	1	Clay	
(This does n					DUE TO A	rd				,		
injuly or com				,	-	12 111	1/000	^	1/1-010	/ach 1	1111	+1.
	ANTECEDEN	T CAUSES		A1.15	B) (0)	IVV	1/2/V	<i>e</i>	110019	er /	moni	n
				Upgla	over yang	900	1301		Bacterial	/		
rise to the					Dona	INP	min	+	Placeti	-+-	, / Mi	on
UNDERLYING			stotting inte	1	7		A.L.L. J. Soct		riening 11	5 trealer	-/	
				-							4	
ATUER CICKU	FIGARIT CON	DITIONS C	ONTRIBLITIA	ic /								
TO THE D	EATH BUT	NOT RELA	TED TO T									
	CONDITION	CAUSING I	т.			TAC		- L	V con in the		NICH COP -	
19A. DATE OF	OPERATION	19B. CON		WHICH OPER	ATION	20 A. A	UTOPSY? (Yos	or No	IN CERTIFYING CA			
		11.733 1 681					ye>				105	
21 A. ACCIDEN	T WAS UND	DERLYING	21	B. PLACE OF IN	NJURY (e.g., in	or obout	21/C. WHERE DI	ID.	(If in Boltimo	ro City, give e	xoct locotion)	
OR CONTRIBL	TING CAL	JSE OF	ho		ry, street, offi	ce bidg.,	INJURY OCCU	R?				
	modical exac	maen	en									
21 D. TIME	(Month) (D	loy) (Your)	(Hour) 21	E INJURY OC	CURRED		21 F. HOW DID	INI	URY OCCUR?			
(APPROX.)				hilo At	Not While							
TATE NOW!			W	ork 🖳	At Work		1-1		10	07	4 1	5
22. I certify	that (I) (thi	S baspital) attended	the deceased	fram	ep.	10	1	19 6 / 10	VCI	196	
that (1) (wee)	lost saw sh	e decense	d allve an	-0	7 4	19	67 on	id th	of In (my) (wor) op	inian death	ccurred on the	dat
									(, , (, op	gooin		
and hour and	fram the c	auses stat	ed above.	(1) (#S) (stid)	(did not) vi	ew the	body after de	ath.				
23A. SIGNATU	RE	. 1	0/	1//	///					23B. DATE S	1 -	-
1	111	7/1/	7 -	1/1/19	M.D. Alten	ding to	Mod. Director		Stoff Phys.	10-	-13-6	/
226 0111111	WV	va (1	1/10	Phys.				ınys, 🗀	1	, - 6	
23C. PHYSICIA	Kbe)	1 I	- 1	1/	1 2	D. ADD	RE33		1/ 1)	011		
7)avia	1 [- 1/	VOOC	M.D.	6	XX		York	12d.		
AA. BURIAL CRE	MATION. 24	B. DATE	124C N	AME OF CEM	ETERY OF CREA	MATORY	12/	D. 14	OCATION (G	Lity, town, or c	ounty) (Sta	otel
REMOVAL (Specify)	e walk	240.1	THE ST GETVI						7,	/-	
Bunio	1	10/111	167 G	rdens	of Fai	th (em.		Baltim uck, Inc.	ore, M	d.	
5A. DATE REC'D	BY HEALTH	DEPT.	258, NAME	OF REGISTRAR	0 300		FUNERAL DIRE	CTOR			ADDRESS	-
gar 4	10	00	A C	to beu MA		/	10	D		Ralta 1	nd 212:	711
BC. 1	0 130/	Ulake	M C'	,		Leon	rard y.	/\	ucr, ync.	Darro.	IIC. ZIZI	7
							T AL CA					
150-REV. 1/1/	65								1			



5-400		BALTIMORE CITY	HEALTH DEPARTMENT		67 9844
IRTH NO.	67 98	44 CERTIFICA	TE OF DEATH	Registered Na.	07 0044
A.E. CASE NO.				ID HOUR OF DEATH	
Type or Print) Riza	F. Sohl		Oct	14,1967	124
PLACE OF DEATH IN BAL	TIMORE MARYLAND		4. USUAL RESIDENCE (Whe		nstitution; residence before admission)
			A, STATE B. COUN	ITY	
	t in hospital or institutio	n, give street	Md.		
HOSPITAL OR oddre	ess or tocotion)		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
0 2813 Ove	land Aug		Baltimore		
10 2013 OVE	aura rive		-0	rural, give location	*
				and Ave.	0m 0019
SEX 6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
temale whi	ta ·	nale	8-31-1889	78	
A. USUAL OCCUPATION (GI	ve kind of work 108, KIND		11. BIRTHPLACE (Stofe or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, e	ven if retired)		D 11.	1 / /	//CA
S. FATHERS NAME			14, MOTHER'S MAIDEN NA	ME	USM
STATILE STATE			THE THE THE THE THE	1416	
George A. 5. Was Deceded Eyer in U.	ohl		(ora Nels	on	
5. Was Decembed Ever in U. Tes, no or unknown) (If yes, giv	S. Armed Forces? e wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		220469467	Mr. Emma	Quinlin	1000
18. / - /	1	CAUSE O	F DEATH	2 Million	INTERVAL BETWEEN
DISEASE OF COL	I IDITION DIRECTLY				ONSET AND DEATH
	TO DEATH	tone	mare lande	les de anni	1 - 7 -
(This daes not mean t			or y insuge	cercy	MALINER
heart failure, asthenia, e injury or camplication w		se,	() 19	0 .	
	NT CAUSES	(B) CV	many ST	vious	10 yeur
		DUE TO	1.100		
rise to the above					,
UNDERLYING CONDITI	ON last.	bryania as are as analysis as areas	rendrikanskriviskriv 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 000 4	
	1				
OTHER SIGNIFICANT CO	NOT PELATED TO	ING	071.	The same	- 71.
DISEASE OR CONDITION	I CAUSING IT.	frun	al Hyper	munin	1 5 glas
19A. DATE OF OPERATION	198 CONDITION FO	R WHICH OPERATION	20A. AUTO SYZ (Yes or No		FINDINGS COSTSIDERED
			110		
OR CONTRIBUTING CA	NDERLYING T	PIB. PLACE OF INJURY (e.g., in nome, form, foctory, street, o	fice bldg. INJURY OCCUR?	(If in Baltimo	re City, give exact location)
DEATH (notify medical ex		etc.)			
	Doy) (Yeor) (Hour) 2	I E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY		While At Not While	e		
(FILL ROAD)		Work At Work			
22. I certify that (I) (t	•		944	1910 16	-14-47 19
that (1) (we) last saw	the deceased olive a	16-11-47	19and th	not In(my) (our) ap	inion death accurred an the da
			riew the bady ofter death.		
23A. SIGNATURE	.) ,				23B. DATE SIGNED
1 / 1/1 -	Youks 1	M.D. Att	ending Med. Director	Stoff Phys.	16-14-47
23 C. PHYSICIAN'S	- Cur	rny	23D. ADDRESS	rnys.	10 11 4
23C. PHYSICIAN'S NAME (Type)	J- MKI	44.6	115.611	10	100 00
Ta. W. T	FUVE	M.D.	7508/tauf	ord / Dra	d Orallo 21214
REMOVAL (Specify)	4B. DATE 24C.	NAME of CEMETERY of CR	EMATORY 20. L	OCATION	City, town, or county) (Stote)
burial	10/17/67 L	oudon Park (emetery Ro	ltimore,	Md.
SA. DATE REC'D BY HEALTH	DEPT. 258. NAM	E-OF REGISTRAR	emetery Ba	R	ADDRESS
ACT TA TOR	1 R.D. BE.	E OF REGISTRAR	Leonard J.	Ruck. In	c Baltimore, Md
/S 150-REV. 1/1/65	divortion.				



VS 151-REV. 1/1/65

THE ROLL ST. Cortor | Heat Penking Co. Total a Light Ill and shaden that could bested and the production of the later of

Sorard al. Seek, inc. little, little 2221

13-	200				TY HEALTH DEPARTMEN		67 98 81	0
BIRTH NO	Э,	67	9	846 CERTIFIC	ATE OF DEATH	Registered No.	01 004	
M.E. CA	SE NO.			O 10 CERTIFICA				
(Type or		DONALD) W.	. BOOSE, SI		= AND HOUR OF DEATH	1 7 7 7 5	a
3. PLACI	E OF DEATH	H IN BALTIMORE, MAR		Doobl, b.	14. USUAL RESIDENCE	Where deceased lived, If	institution: residence before	odmissian)
						OUNTY		
HOSPI	NAME OF TAL OR UTION	(If not in hospital o address or location)		on, give street		f outside city limits, write	RUBAL ond vive township	N
44	/ UNI	ON MEMORIA	L HO	DSPITAL	Baltimore D. STREET ADDRESS	(If rurol, give location)	110	
	-				1302 Wins		7	
5. SEX	6.	RACE		NED, NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Und Months: Doys Hours	der 24 Hrs.
mal		white	mar	rried	9 - 8 - 09	58		
		ATION (Give kind of work) rking lile, even if retired)	10B. KINE	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	_	retired	U.S.	Rubber Co.	Pittsburg	, Pa.	USA	
13. FATH	ERS NAME	,			14. MOTHER'S MAIDEN	NAME		
Ed	ward	Boose			Anna Dr	osdtod		
15. Was I	Deceased Ev	ver in U. S. Anned Forc f yes, give wor or dotes	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS	A ===
-	es	WW2	OI SEIVI	207-09-3947	Mrs. Donald	d W. Boose,	Sr1302 Wi:	nston
18.	43	20		CAUSE	OF DEATH		INTERVAL BET	
		OR CONDITION DIRE	ECTLY		ete cordes te, post curace	13 - 20173	1 ONSET AND L	ZEATH
(This		ADING TO DEATH	duina .	(A) CEC	ette conceo			
hear	1 failure, os	mean the made of thenia, etc. It means	the dise	e.g., DUE TO	tus post	im plantet.	100	
injur	y at campli	icolian which caused	death.)	5/4	2 - de suie	me Hocker	- 5 yr	
	AN	ITECEDENT CAUSES		(B)		2007		***********
		CONDITIONS, if a		riii g				
		abave cause (A) CONDITION losi,	slaling	ine (C)		0 0 m d 0 0 0 d d m m m d m d m m m d m m m m		••••••
		11					+	
E 10	THE DEA	CANT CONDITIONS CO	TED TO					
U 19A.		PERATION CAUSING IT		OR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No.) 208. IF YES, WERE	FINDINGS CONSIDERED	
DI 19A.	,	WAS PERF	ORMED		ves	IN CERTIFYING CA	AUSES OF DEATH?	S
U 21 A.	AC CIDENT	WAS UNDERLYING		21 B. PLACE OF INJURY (e.g.	in or obout 21C. WHERE DI	D (If in Boltimo	re City, give exoct location	
DEAT	TH (notify m	NG CAUSE OF		etc.)	office bldg., INJURY OCCU	R?		
21 D.	TIME (/	Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
>	ROX.)			While At Work Not W				
22. 1	certify th	at (1) (this hospital)	attende	ed the deceased from 🥌	1/29/67	19 to /	1/5 1	965.
		st saw the deceased		/	1967 an	d that In(my) (aur) ap	inian death accurred a	
				e. (I) (We) (did) (did not)				
	SIGNATURE		1	(1) (11 d) (d) (d)	The budy offer dec	71116	23 B. DATE SIGNED	
16	Me	nd la) na	m.D. A	ttending Med.	Staff Phys.	10/15/67	
	PHYSICIAN				23D. ADDRESS	_ Phys	-5/-5/-5/	
	NAME (Type		0 m T	Ponnon M.I		D1 NO:	D-74- 7/13	7.0
	IAL CREMA	ATION, 24B. DATE		Renner M.I	CREMATORY 24	D. LOCATION (C	Balto., Md.	- <u>TS</u>
REA	AOVAL (Spe		_					• ()
bur				Jefferson Mer		Pittsburg,	Pa.	
ZJM, DA	OCT 1	6 1967 R.C.	3	A STATE OF THE STA	Z SC. FUNERAL DIREC			\/[a] ,
	EV. 1/1/65				I requard	nuck, In	cBalto., I	via14
3 130-K	E V. 1/1/00							



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

WELLIF DELANEY UNION MEMORING HOSPITHE MARKIG O eliteron Break

DIRECTION PRELLITUS

ATMALKSAM

SALAMITUAL

3100 St. Paul ST.

Mr. dahn Dakenry 200 27 row on

Conserve Heart Feelows Story.

Amezona

20/10/02

11-09-54 . 8-4

BURRY CANO

myganish farms from

Cathea Chimaco

Links Memorana Address A.

ministra e con e c

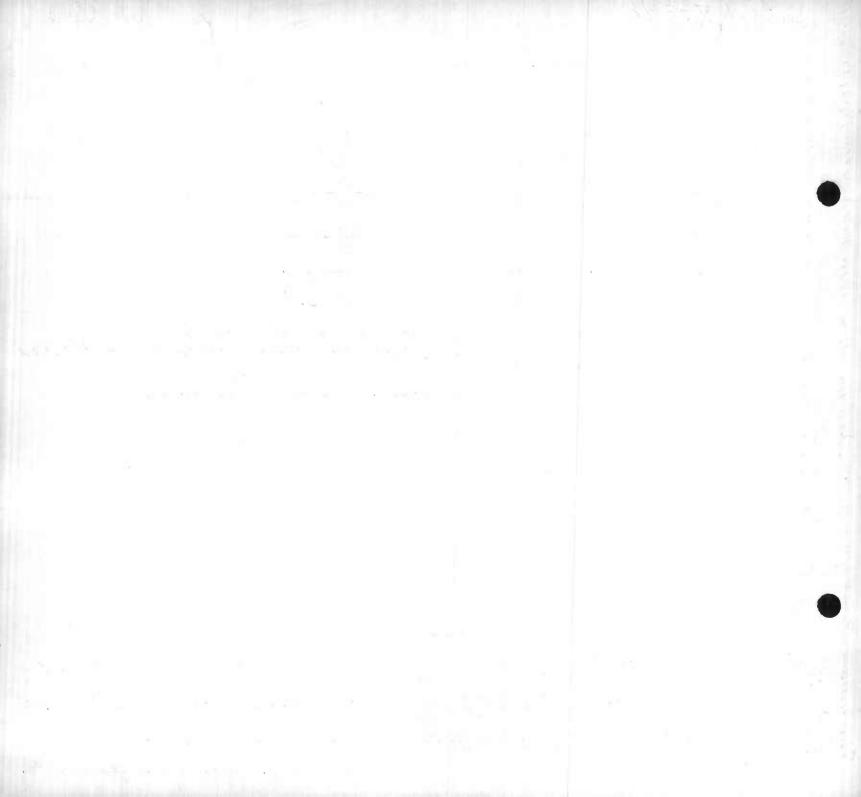
John Casley

almignity

219-22- Mobel I. Caslow same

Exists To/17/67 Cedar Mil Ces. Malto, Md.

le convite. Busk inc. Bakte. Ht.



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written grantoval mile he abbained hebere the remains are embalmed or final disposition is made
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospite deceased prior to deatl	written annuav

B-324 67 9850 BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH Registered No. 67 9850
M.E. CASE NO. MARY A. BATTAGLIA	2. DATE AND HOUR OF DEATH
(Type or Print)	(21)
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceded lived. If institution; residence before admission)
S. PLACE OF DEATH IN BALTIMORE MARILAND	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MO . BALTIMORE
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give (gwnship)
	BALTIMONE CON 200
UNIVERSITY OF MARPLAND HOSP,	D. STREET ADDRESS (If rurol, give locotion)
	3743 REISTERSTOWN RD.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Doys Hours Min,
10A. USUAL OCCUPATION (GIVE kind of work 10B, KIND OF BUSINESS OR INDUSTRI	
done during most of working life, even if retired)	WHAT COUNTRY?
HOUSEWIFE	MD- US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Liberto.	Nariatta Muttalatta
	Narietta Muffoletto.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 219-18-930	3 VINCENT BATTAGLIA - SAME AS ABOUR
IB. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	scinoma of Difmoid (day ONE YEAR
(This does not mean the made of dying, e.g., DUE TO	ser route of man and serve
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	- M / /
ANTECEDENT CAUSES (B)	(1 letestess to liver
DUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the	
UNDERLYING CONDITION last,	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 27 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY 18.00	, in or obout 21 C. WHERE DID (If in Bottimore City, give exact locotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?
U	
21D. TIME (Month) IDoy) IYeor IHour 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
While At Not W	
22. I certify that (I (this hospita)) attended the deceased fram	
that (1) (we) last saw the deceased alive an 10-3-67	19 and that in (my) (aur) opinian death accurred an the date
and haur and from the causes stated above (1) (Wa (did) (did not)	view the bady after death.
234. SIGN AT URE	23B, DATE SIGNED
M.D. A	Attending Med. Store
	hys. Director Phys.
23C:PHISICIAN'S NAME (Type)	23D. ADDRESS
JEFFREY > STIFL M.E	2 (102 MD HOSP. PAIDO MI)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	REMATORY 24D. COCATION (City, town, or county) (Stote)
Burial. 10/16/67 Holy Redeen	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
OCT 1 6 1967 Robert E. Farbura	Leonard J. Ruck, inc. 5305 Harford Rd.
VC 150 DEV 1/1/45	

a hospital and

1-65	5/	000	BALTIMORE CITY	HEALTH DEPARTMENT		67 9851
BIRTH NO.	6/	385	1 CERTIFICA	TE OF DEATH	Registered No	. 0001
M.E. CASE NO.	E CEA SED				ND HOUR OF DEAT	Н
Type (Print) (Olivia W. Turn	bull			13,1967	11:04 P.M M
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. It	institution; residence before admission)
				Maryland	NIT	
HOSPITAL O	R oddiess or location		give street	the state of the s	utside city limits. wie	RUR cond give township)
INSTITUTION				Baltimore		18-04
40					ruiol, give location)	4 9
, r	The Gundry San	itarium	Inc.	2 N. Wickh	am Road	7
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 His.
F	White	Sing	o, DIVORCED (specify)	2/18/1876	lost birthdoy)	Months Doys Hours Min.
		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	of working life, even if retired)			Maryland		U.S.A.
Home:	maker	Own	Home	14. MOTHER'S MAIDEN NA	AM F	0.001.3
		Dagono bas 7	17			i d co
	der Nesbit			Olivia Cush	Tue wultr	
5. Was Deceas Yes, no or unknow	ed Ever in U. S. Armed For wn) (If yes, give wor or date	ces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No				Mrs. Edward Sho	natarium emaker (de	Records from
1B. / 5	0.01		CAUSE O	F DEATH	Kamarker Tile	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	Vir	us Pneumonia		2 weeks
	LEADING TO DEATH		(A)			2 weeks
	nat mean the made of e, asthenia, etc. It means		DUE TO			
injury ar co	amplication which caused	death.)	Ant	eriosclerosis		
	ANTECEDENT CAUSES		DUE TO	01 TODOTCI OD TO		years
	OR CONDITIONS, if		Sch	izophrenia		
	the abave cause (A) NG CONDITION last.	stating the	(C) DC11	120pm em a		years
	- 11					
OTHER SIG	III SNIFICANT CONDITIONS C					
TO THE	DEATH BUT NOT RELA OR CONDITION CAUSING I	ATED TO TH	E			
OTHER SIGNATURE OF THE DISEASE OF THE OTHER SIGNATURE OTHER SIGNATUR	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
	WAS FER	FORMED		no	IN CERTIFIED C	AUSES OF BEATH!
OR CONTRI	BUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct location)
	tity medical examiner	etc.				
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY			ite At Not Whil	e 🗇		
		Wo				
	fy that (1) (this hospital				.19toOct	13 1967 19
						pinion death accurred on the date
		ted abave. (I) (₩ ø) (did) (did no t) v	iew the body after death.		
23A. SIGNA		1 .				23B, DATE SIGNED
	Rachel K.	J medi	M.D. Atte	ending Med. Director	Phy s.	Oct.13,1967
23C. PHYSIC	2 MAI			23D. ADDRESS	2 N. U	lickhan Rd.
0.6			M.D.	The Gun	dry Sanitar	ium Inc Poltimore
4A. BURIAL C	REMATION, 248. DAFE	24C. N/	AME of CEMETERY OF CRI			City, town, or county) (Stote)
KENTOVAL	(Specify)	67 0				
Buria	LI LO/16/	O [G]	reenmount DE_REGISTRAR	25C FUNERAL DIRECTO	altimore	Md. So. 4905 York Rd.
DOT 1	6 1967 10 0	- 8, ta		H.W. Jenkins	& Sons C	o. 4905 York Rd.
0017	o 1301 (Che	y C, 40	Andri		Balto. 12	
VS 150-REV. 1/	1/00					



25 0 E	BIRTH NO. 67 9852 CERTIFIC	ATE OF DEATH Registered No. 67 9852
death ceased on the	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- d d - N	(Type of Print) Ethel LaPorte Ritter	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	October 13, 1967 9:45 AN
hospitesse of (5) De ance death		A. STATE B. COUNTY
hos use dand de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Maryland C. CITY OR TOWN III outside city limits, write RURAL and give tawnship)
t o	INSTITUTION	
	90 Hillcrest Nursing Home	Baltimore D. STREET ADDRESS (If rurol, give locotion)
	7 o hillerest nursing nome	5016 Plymouth Road
	5, SEX 6. RACE 7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 His.
	WIDOWED, DIVORCED (specify)	lost birthday) Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	17/7/1885 81 RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF
	done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Own Home	Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles LaPorte	E. E. Horton
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS AT COL
	(Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mm Malaria Halland 9915 Tittl
		Mr. Melvin Holland, 8815 Littlewood Ro
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	Attain longing on in E Winn
E .	(This does not mean the made of dying, e.g., DUE 10	retirios elevatic cardia 5 years
	heall foilure, asthenia, etc. It means the disease, injury at complication which coused death.)	reman rural disease
E	ANTECEDENT CAUSES (B)	
0	DISEASES OR CONDITIONS, if any, giving	
5	rise to the above cause (A) stating the (C)	***************************************
	UNDERLYING CONDITION Inst.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		[20A. AUTOPSY2 IVes of No. 208. IF YES WERE FINDINGS CONSIDERED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (c.	20A. AUTOPSY? IYes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	, in or obout 21 C. WHERE DID office bldg., INJUST OCCUR?
	▼ DEATH Inotify medical examiner) etc.)	office bldg., INJURY OCCUR?
	O	21F. HOW DID INJURY OCCUR?
	While At Not V	hile _
	Work At W	rk -
	22. I certify that (I) (this hospital) attended the deceased fram	
	that (I) (we) lost saw the deceased alive an	19and that in(my) (own) apinian deoth accurred an the dat
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE	23 B. DATE SIGNED
	C.W. Leafue M.D.	Attending Med. Director Phys. 10-14-47
		23D. ADDRESS
	23C. PHYSICIAN'S NAME (Type)	
	Clarence W. Peake M.	4508 Harford Road
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specily)	CREMATORY 24D. LOCATION (City, town, or county) (State)
	Burial 10/16/67 Baltimore	Baltimore Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	OCT 1 6 1967 Robert E. Farberman	H.W.Jenkins, & Sons Co. 4905 York Rd.
- 1	VS 150-REV. 1/1/65	



2-3/2	BALTIMORE CITY	HEALTH DEPARTMENT		07 0853
BIRTH NO. 67	9853 CERTIFICA	TE OF DEATH	Registered Na	6/ 3033
M.E. CASE NO.			D HOUR OF DEATH	
Type or Print) WILLIAM PAT	TERSON	1.8	13/67	810 AM
PLACE OF DEATH IN BALTIMORE, MARYLAN		A. STATE B. COUNT		tution: residence before admission)
FULL NAME OF (If not in hospital or insti HOSPITAL OR oddross or location)	tution, givo street	C. CITY OR TOWN (IF outs	side city limits, write RUI	Balto , s ,
14		BALTIMORE D. STREET ADDRESS (IF	uiol, give location)	2121053-00
UNION MEMOR	HOSP HOSP	1111	ELLINHAM	COURT
M W WII	WIOGWED	12/19/05	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
IDA, USUAL OCCUPATION (Give kind of work 108, KI	HO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Flote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	INERSITY	MARYLAN	D	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
HENRY PATTERSON		MARGARE	F WILLSON	1
5. Was Docoosed Evol in U. S. Armed Forces? Yas, no or unknown) (Iff yas, give wall or dotes of so	16. SOCIAL SECURITY NO.	17. INFORMANT		403 SF. GEORGES
No	214-01-656	4 HENRY	BAKER	
18. 177 X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSEL AND DEATH
LEADING TO DEATH	(A)	anoma of pro	STATE	1/2 years.
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di	seose,			
injury or complication which caused death.	(0)			
ANTECEDENT CAUSES	DUE TO		H H H H H H H H H H H H H H H H H H H	VIII (
DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating				
UNDERLYING CONDITION lost.	***************************************	·		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
1966 UP 1966 PERFORME	Prostate	No	IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinal)	21B. PLACE OF INJURY (o.g., i homo, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimoro C	City, givo exact location)
21D. TIME (Month) (Doy) (Year) (Hou	21E INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not While At Work			
22 1 (0 ' / 0	12 10 67
22. I certify that (a) (this hospital) attended to (A)			9 to 10 -	
that (4) (we) last saw the deceased aliv			if in (nee) (aur) opinio	an death accurred an the date
and haur and fram the causes stated ob	ave. (*) (We) (did) (************************************	view the bady after death.		OR DATE SIGNED
0 1 00	M.D. Att	ending Med.	Stoff 2	3B, DATE SIGNED
23C. PHYSICIAN'S	eres. Phy	23D. ADDRESS	Phys.	10-13-67
NAME (Type)	AA D		r.a. 405	PITAL
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LO		town, or county) (State)
REMOVAL (Specify)				
Burial 10/16/67 5A. DATE REC'D BY HEALTH DEPT. 25B. N	Greenmount AME OF REGISTRAR	25C. FUNERAL DIRECTOR	Baltimore,	Md .
OCT 16 1967 Res	E, tarber MA	H.W.Jenkins	& Sons Co	. 4905 York Rd
/S 150-REV. 1/1/65			Dallo	4464 6444

- 1 31 WARDEN MEMORIAL HOST GILD BELLINGHAM COURT Le w 12/19/05 61 ASSESTMENT THREE-LORGE UNIONESTEY MARRYLAND C 5 A HENRY CARES AND PRINCES COMMUNE OF PROTECT 1/2 HELLE 011 agent 1965 Car Provente Com 1 Churum CESAR P. CELMACO UNION MANORINA MOTO ---

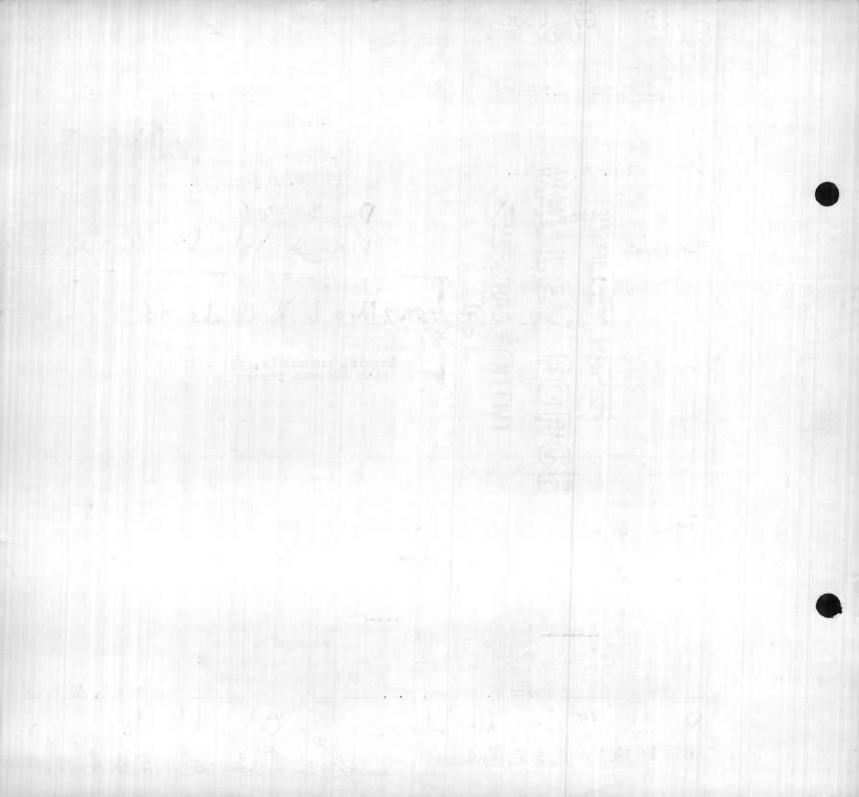
1-520		HEALTH DEPARTMENT		67 9854
BIRTH NO. 67 9	854 CERTIFICA	TE OF DEATH	Registered Na	07 0004
M.E. CASE NO.	Margaret 9	2. DATE AN	D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	-	4. USUAL RESIDENCE (Where	e deceased lived. If insti	tution: residence before admission
FULL NAME OF (If not in hospitol or institu HOSPITAL OR oddiess or locotion) INSTITUTION		C. CITY OR TOWN () outs	side city limits, write RU	RAL and give township)
Mary land general	Hosp. tul	D. STREET ADDRESS (If r	uro, give location)	ve Balt marn
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9/19/19/19/19/19/19/19/19/19/19/19/19/19	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIN done during most of working life, even if retired) Teacher	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign		12. CITIZEN OF WHAT COUNTRY?
John Bwing		14. MOTHER'S MAIDEN NAM	Jones	
15. Was Deceased Ever in U. S. Armed Forces? (Yessho runknown) (II yes, give wor or dates of sen	security No 280	17. INFORMANT 5 Willera	A. Ewi	address
DISEASE OR CONDITION DIRECTLY	CAUSE O	FDEATH		INTERVAL BETWEEN
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which coused death.) ANTECEDENT CAUSES		estersine enla ichates meliti Anterio cler		
DISEASES OR CONDITIONS, if any, grise to the above couse (A) stating UNDERLYING CONDITION lost.	iving	*************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o No	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ol obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) FINJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospita) attended that (I) (we) lost saw the deceased alive	on 10 - 14	19.6.7and the	96 Z to our oplnic	on death accurred an the do
and haur and from the causes stated oba		iew the body atter death.	10	OD DATE SIGNED
23C. PHYSICIAN'S NAME (Type) CYTUS MC	M.D. Atte	mding Med.	Stoff Phys.	38, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) CYPUS MC	rkoul M.D.	23D. ADDRESS Mary	Mand ge	in thosp.
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			town, or county) (Stote)
Burial 10/18/1967 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Frostburg Me	Park Fro	& Sons Co	Maryland 4905 York Rd.
OCT 1 6 1967 Res & 8	. Farberma	Bà	1to 12. Md	4705 TOPK Rd.



1)-2	236			Y HEALTH DEPARTMENT		67 9855
BIRTH NO. M.E. CASE N	6	7 98	55 CERTIFICA	TE OF DEATH	Registered No.	67 9855
Type or Print)	DECEASED				ND HOUR OF DEATH	0.0.
type or runt)	Robert B.	Dexter	L.	Oct.	13, 1967	13:30 A.
. PLACE OF	DEATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (Whe		stitution: residence before admissi
FULL NAM	AE OE /// not in bosnite	al as institution	Tue sheet			
HOSPITAL	OR address or locati		dige suesi	C. CITY OR TOWN (If ou	Itside city limits, write	RURAL and give township
INSTITUTIO		Di		Balto.		17-01
	211 Kembl	e Ra.			rurol, give location)	
00)			211 Kemble	e Rd	
- SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
M	W	Marr	D, DIVORCED (specify)	2-2-1891	lost birthdoy)	Months Doys Hours Min
OA. USUAL O	OCCUPATION (Give kind of we				eign country)	12. CITIZEN OF
	ost of working life, even if retired				,	WHAT COUNTRY?
	Executive	Md.	Biscutt Co.	Md.		USA
3. FATHERS	NAME			14. MOTHER'S MAIDEN NA	ME	
Geor	ge W. Dexter			Annie Sull	ivan	
5. Wos Dece	no well Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	WW]	nes of service	213-09-681	7 Margaret T	Derter	Above
18.	A4 A4 'T'				DOXUGE	
and .	4 21 Q L		Dan S	orysmal tack sulmonary ex cleratic hear	Die a	ONSET AND DEATH
/ DI	SEASE OR CONDITION D		1 201	otypinat with	geenera a	21
(This do	es nai mean the made o		(A) DUE TO	ulmonary ex	ema_	, gear
heart fai	lure, asthenia, etc. 11 mear	is the disease	A. torion	elevetic Leave	+ disease	
Injury at	camplication which cause		Pitter			
	ANTECEDENT CAUSI		DUE TO	4	^	A
	S OR CONDITIONS, if		Con	oralized orler	selevosis	at least 54
	the above cause (A YING CONDITION last,	a slatting the	(c)C-C/	erolized arter		······································
	11			Ger out		
OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTIN	IG			
	E DEATH BUT NOT RE		HE .			
			WHICH OPERATION	20 A. AUTOPSY? (Yes or N	of 208. IF YES, WERE	FINDINGS CONSIDERED
	WAS PE	RFORMED		No	IN CERTIFYING CA	USES OF DEATH?
U 21 A. AC	CIDENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
DEATH (notify medical examiner	etc		omice blog., INJORI OCCOR:		
21 D. TIM	E (Month) (Doy) (Yeo	r) (Hour) 21E	INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
5 0 11110	RY		hile At Not Wh			
(APPROX]	W	ork At Work			1 /
	rtify that (I) (this hospit			1962	19 to /C	17/3/67 19
that (1)	(we) last saw the decea	sed alive on.	10/13/67	19and th	hat In(my) (our) opi	nian death accurred on the
				view the body after death.		
23A. SIGN			(1) (1) (dia)	Tiew the body offer deoffis		23B, DATE SIGNED
1	1,041.		M.D. At	tending Med.	Stoff	10/12/10
200 0/4	1000ance	La, V	Ph	ys. Director	Stoff Phy s.	10/13/67
23C.PHYS	AF (Tyne)	2		23D. ADDRESS		
	Worth	B. Van	iels, VA M.D.	11 E. Chas	e St., Bal	to., Md.
4A. BURIAL	CREMATION, 248. DATE	24C. N	AME of CEMETERY of CE	REMATORY 24D. L	OCATION (C	ity, town, or county) (State
	AL (Specify)	67 D	mida Daa	20.0	les es 2 2 2	2/2
Buria	L 10-16	258 NAME	ruid Ridge	25C. FUNERAL DIRECTO	kesville	ADDRESS
Of	TT S 1007 A	2.0	Ta D			Mark Street
Ul	1 TO 1301 (16)	St. D C,	MOUNDENTHAN	H.M. ORHKTH	2 00 DOHB (co.4905 York Ro
C 160- PEV	1/1/48				1 -	



VS 151-REV. 1/1/65

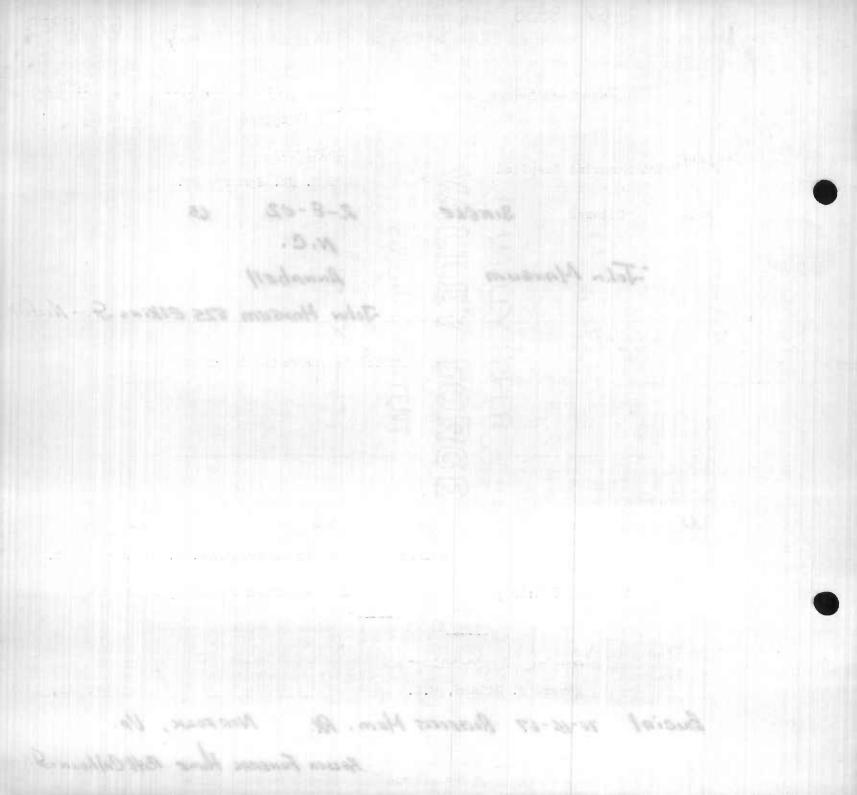


	9857
BIRTH NO. 67 9857 CERTIFICATE OF DEATH Registered No.	0001
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type or Print) 10 1 1 10(7)	- 1
Richard Clavence Leas Oct. 13-176/	1-00
3. PLACE OF DEATH IN BALTIMORE, WARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence A, STATE B. COUNTY	e before odmi
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) CCITY OF TOWN (If outside the limits write BURAL and give	
HOSPITAL OR oddress of locotion) INSTITUTION (If outside city limits, write RUPAL and give	lownship)
Baltimore	3/
D. STREET ADDRESS (If rurol, give location)	-
University Itserital him stars I Rd	
the versity is the state of the	
SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. WIDOWED, DIVORCED (specify) 1 (specify) 1 (specify) 1 (specify) 2 (specify) 2 (specify) 3 (specify) 4 (specify) 4 (specify) 5 (specify) 6 (specify) 7 (specify) 7 (specify) 8 (specify) 8 (specify) 8 (specify) 9 (specify) 9 (specify) 1 (specify) 9 (specify) 1 (specify)	If Under 2-
Mele White Mannied 2/20/18 57	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	<u> </u>
lone during most of working life, even if retired)	UNTRY?
Card O lovator Acme Pad Co. Mary land.	51
3. FATHERS NAME	7
Harry M. Leas Eliza heth Conk	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDR	ESS
Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
NO 105-09-8/35HOSPITAL RECORDS	
	AL BETWEE
	AND DEAT
LEADING TO DEATH (A) BILLARY (ARCINOMA-OEST, JACADICES (This does not mean the mode of dising each of the state of the s	
(This does not mean the made of dying, e.g., (A) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
heoti foiluie, osihenia, etc. It meons the disease,	
injury of complication which caused death.) ANTECEDENT CAUSES (B) LIVER FAILURE	
DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stating the (C) DOUGENAL FISTULA	
UNDERLYING CONDITION lost.	***********
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes of No.) 20B. IF YES WERE FINDINGS CONS	DERED
9/11/67 WAS PERFORMED DUNDICE IN CERTIFYING CAUSES OF DEATH	:
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoc	locotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED21F. HOW DID INJURY OCCUR?	
While As a New While and	
(APPROX.) Work At Work	
22. I certify that (1) (this hospital) attended the deceased fram 9/1/27 1967 to 10/13	194
that (1) (we) last saw the deceased alive an 10/13 19.67 and that in (my) (aur) aplnian death acc	urred an th
and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.	
23A. SIGNATURE	IFD
	//
B. an Word M.D. Attending Med. Stoff 10/1	3/6/
23C. PHYSICIAM'S [23D. ADDRESS	
NAME (Type)	
M.D.	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or coun	(S
REMOVAL (Specify)	
BURIAL VOITO THERWOOD BALTO MIL	
SA. DATE REC'D BY HEALTH DEPT. 258. NAME ON REGISTRAR 25C. FUNERAL DIRECTOR 301 FREDE	DRESS _
10 1 1 1 1967 (12 J. 10 E. January E < MAI NAPO 301 PREDE	ALCK!
K.J.IVINUIVION DIA A	



67 9858 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9858

MEDICA	AL LAAMIINERS C	EKTITICATE OF DEATH WAS	1100 1101
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR PRONOUN	CED DEAD
(Type or Print)			
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased fived, If in: A. STATE Marry land	ounty partition: residence; before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give township)
Union Memorial Hospital		D. STREET ADDRESS (If rurol, give locotion)	
	MARRIED, NEVER MARRIED	1005 K. St. Sparrow Pt. 8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
Male Colored	SINGLE	2-8-02 65	
tOA, USUAL OCCUPATION (Give kind of work 108 done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	N.C.	12. CITIZEN OF WHAT COUNTRY?
John MANGUM		14. MOTHER'S MAIDEN NAME ANNABELL	
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or unknown), (If yes, give wor or doles of		17. INFORMANT	ADDRESS
700, 100 100 100 100 100 100 100 100 100		John MANGUM 825 E	IKins St Nurfold
(This does not meon the mode of dy heart failure, asthenia, etc. It means the injury or complication which coused death anticomplication which coused death anticomplication which coused death anticompliance of the injury or complication which coused death anticompliance of the injury or compliance of the injury of the above cause (a) statistically underlying condition last. ZO II OTHER SIGNIFICANT CONDITIONS CON	GIVING DUE TO GIVING DUE TO (C)	ltiple traumatic injuries	
19A. DATE OF OPERATION 19B. CONDITI		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAL	
Q 21 A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH.	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Street	in or about 21C. WHERE DID (If in Boltimore City,	give exact location)
OF INJURY	15 p WHILE AT NOT NOT AT W	21f. How Did INJURY OCCUR? WHILE VORK Pedestrian struck by	12-05
22. I certify that I held on Inqu	1	tapsyXX and that on this basis, death in	
resulted fram: Natural causes			
ACTUAL SIGNATURE	1 11.	CHIEF MEDICAL EXAMINER	DATE SIGNED
	F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER	October 11, 1967
23A, BURIAL CREMATION, 238. DATE REMOVAL (Specify) 10-15-6	7 ROUSEVELT MA	or CREMATORY 23D. LOCATION (Cit	y, town, or county) (State)
	B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
OCT 1 6 1967 (West E. Farley RA	KELSON FUNERAL HOME	1348 Calhoun J.
VS 151-REV. 1/1/65	F.1- , 10- 11- 11- 11- 11- 11- 11- 11- 11- 11-		



VS 150-REV. 1/1/65

De - Marson Tours AS & C D COLLEGE Noneman C. Element Strateger and Strateger a

VS 150-REV. 1/1/65

1 anoth animally from the control of the co - F -I and the second AMMERICAN DEMENTER heren by the bourse THE PLANT OF THE PARTY STATES OF THE PARTY STATES to falls as Twoods to to a Library

Such

to death.

death

33		-		BALTIMORE CITY	HEALTH DEPARTMENT	NT	000
BIRTH NO		67	986	CERTIFICA	TE OF DEAT	H Registered Na.	6/ 986
M.E. CAS		ASED			2, DA	TE AND HOUR OF DEATH	
(Type or P	rint)	Caorga Wa	lterhoe	for	1	3ct. 12 191	67 2:45 P.
3. PLACE	OF DEAT	George Wa	ARYLAND	161	14. USUAL RESIDENCE	(Where deceased lived. II in	stitution: residence before admission
		-				COUNTY	
	NAME OF			give street	Maryland	Baltimore	e
HOSPIT		oddress or location	on)		C. CITY OR TOWN	(If autside city limits, write	RURAL give township
	0				Baltimor e		21-18
7					D. STREET ADDRESS	(If rural, give lacation)	. 0
	Have	en Nursing	Home		5002 Beaut	fort Avenue	
5. SEX	[6	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , II Under 24 Hr
3 (1 =		7171 24		ED, DIVORCED (specify)	7-30-67	lost birthday)	Manths Days Haurs Min.
Male		White	Marr	TECT OF BUSINESS OR INDUSTRY			13 CITIZEN OF
		arking lile, even if retired)	IN NIND	DE BOSINESS OK INDOSIKI	III. BIKINFLACE (State	ar lareign country)	12. CITIZEN OF WHAT COUNTRY?
Sales	man	-Sealtest D	airy		Baltimore,	Md.	USA
13. FATHE	R'S NAM	E	1		14. MOTHER'S MAIDE		
Cha	1	August) (!! -l	
		August		13 / 20 2111		Miricks	4.5.0000
		Ever in U.S. Armed Fo (It yes, give war ar dat		SECURITY NO.	17. INFORMANT		ADDRESS
			2	215-10-8148	Ruth Camer	con-912 Iliff St	· Pac. Palisades
18.	1-5	. 61		CAUSE O	F DEATH		INTERVAL BETWEEN
1	DISEASE	OR CONDITION D	IDECTIV				ONSET AND DEATH
		EADING TO DEATH		1.1.	incolount.	boout d'in	2 2 41 - 156
(This		I mean the made a		(A)	PIESCIETOTIC	heart diseas	2 Jears
hearl	failure, a	sthenia, etc. It mean:	s the diseose	00110			
injury	ar camp	olicotian which couse	d death.)				
	A	NTECEDENT CAUSE	S	(8)			
DISE	ASES OF	R CONDITIONS, if	ony, givin	g			
		abave couse (A)	stoling th	e (C)	idiridia mado 79 mm 0 0 g 0 0 mm mm n 79 mm mm m m		
UND	EKLTING	CONDITION lost.					
7		11					
O TO TO TO	ER SIGNIF	ATH BUT NOT REL	CONTRIBUTION	NG HE			
	ASE OR C	ONDITION CAUSING	†T.				
ERTIFIC 184. D	DATE OF		NDITION FOR RFORMED	WHICH OPERATION		or No. 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
EN C					NO		
U 21 A.	A C CIDEN	T WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in ime, larm, factory, street, a	fice bldg. INJURY OCC	DID (If in Baltimare	City, give exact lacation
₹ DEAT		medical examiner)		c.)			
0 21 D. 1	ПАЛЕ	(Month) (Day) (Year)) (Hour) 21	E INJURY OCCURRED	21 F. HOW DI	ID INJURY OCCUR?	
5 01 11	LJURY			/hile At Not Whil		INTOK! OCCOR.	
(A PPR	(OX)			ark At Wark	, i		
22. 1	certify t	hat (I) (this hospite	ottended	the deceased from	July 23	196 × 10	Oct. 12 1067
				6ct, 11	10/07	and that (n/mu) (aut) ani	nian death accurred on the do
							man death accurred on the ac
			ated abave.	(I) (We) (did) (did nat) v	iew the bady after d	eath,	
23A. S	IGNATUR	IE /	2 11	1			23 B. DATE SIGNED
	1	Poul B	Hu	Lwitz M.D. Alte	ending Med.	Staff Phys.	Oct, 13, 1967
23 C. P	HYSICIAN	TS ARPAHA	n D W.	rwitz M.D. AHR RWITZ MD M.D.	23D. ADDRESS		
N	MAME (Ty	pel MANAMAN	1 0, 170	KALL Z ILID	7501 /110	nte Rand K	ultimore, Md
24A. BURI REM	OVAL (Sp	ATION, 24B. DATE	24C.1	NAME of CEMETERY of CRI	EMATORY	24D. LOCATION (Ci	ly, lown, ar county) (State)
Buri	-	10-16-	67 L	orraine Ceme	tery	Baltimore	
	The state of the s						

25A. DATE REC'D BY HEALTH DEPT. OC. 7 1 6 1967 Plub E Talley Ellsworth Armacost-4600 Liberty Hghts. Ave VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

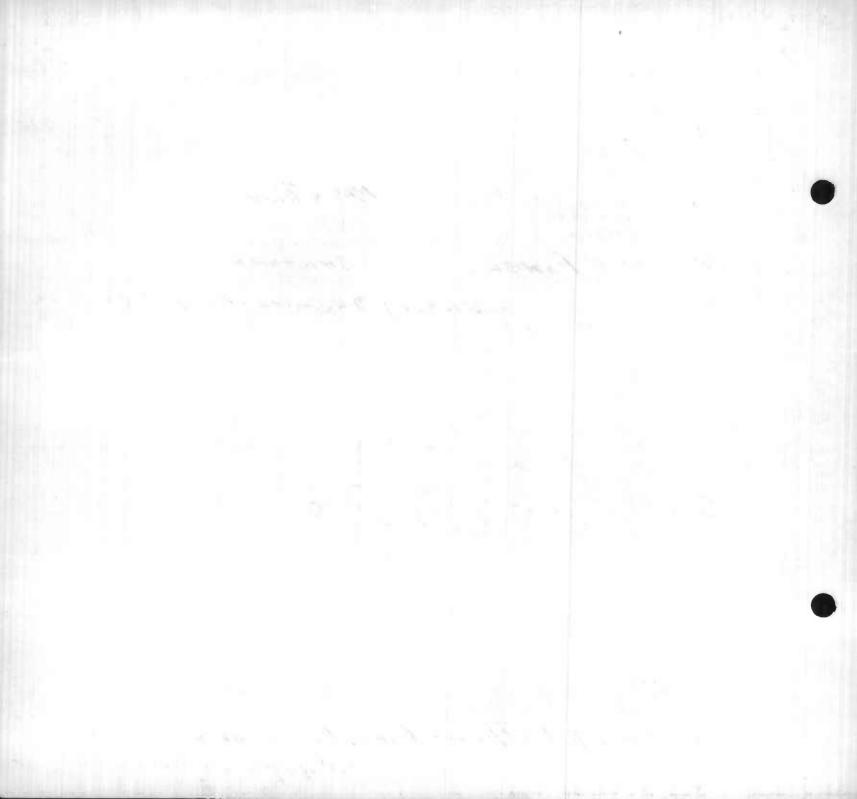
ADDRESS

e de gui ve deve (. -fr. in it in the first teacher and the first teacher All Dela -named bugan a fee __ 0 i _i _ The second second second second

- I be by you are marked to Tomas Colored W. D. J. April 1948 72 Domestic Private Family Ballic Co. BERRIA R. Brewn IAMES T. BALLEY 10. Went to Charman Fill - Sel 6.7 From surgery icabia - Wide is 10-13-61-01 1.6 do in April St. Later Comming Box of Co.

HERbert In Melling The End

67 9863	BALTIMORE CITY HEALTH DEPART		67 9863
BIRTH NO.	CERTIFICATE OF DE	ATH Registered No.	07 0000
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) WAVERLY POWEL		2. DATE AND HOUR OF DEATH	415 Am
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		ENCE (Where deceased lived. If in B. COUNTY	stitution; residence before admissi
FULL NAME OF (If not in hospital or institution, give and the hospital or institution or institution, give and the hospital or institution or institution, give and the hospital or institution or institution.	street Md	/N (If outside city limits, write I	RURAL ond give township
Z	D. STREET ADDR	ESS (If rural, give location)	26-0
University Hospital	665		Freet
Mari	VORCED (specify) MANCH	7-1882 birthdoys 85	ff Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUS lone during most of working file, even if refired)	Urgi	Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Jactory Laborer 3. FATHERS NAME	14. MOTHER'S M.		-07.
RICHARD POWELL		neun	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. INFORMANT	4.000	ADDRESS
Chipmon 226	SECURITY NO. 16-9529 0.4.5m	. TH - NEWPO	a pour of
			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) CA . pust, 12	2. Metatohi	year
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO		
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(C)		
UNDERLYING CONDITION 10st.	(6)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	anemo ? re-activ	rated T13.	
199A. DATE OF OPERATION 19B. CONDITION FOR WHICH	THE OPERATION 20A. AUTOPSY	? (Yes or No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)	CE OF INJURY (e.g., in or about 21°C. WH	IERE DID (If in Boltimore OCCUR?	City, give exoct locotion)
		W DID INJURY OCCUR?	, , ,
22. I certify that (4 (this hospital) attended the di		19 (7 to	1304 1967
that (#) (we) lost saw the deceased alive on	130cf 1967		nion death occurred on the
and hour and from the causes stated above. 49 (W	e) (did) (d id 3101) v iew the body of	ter death.	
23A. BIGNATURE	M.D. Attending Me	ed. Stoff NA	23B, DATE SIGNED
23C. PHYSICIANS	M.D. Attending M.Phys. Dir	rector Phys.	13001.61
David A Parker	M.D. 22	South Green	e (U. Hop)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	OF CEMETERY OF CREMATORY	Su Hampson	ty, town, or county) (State
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	EGISTRAR 25C. FUNERAL	DIRECTOR COLUMNSTON	ADDRESS
OCT 17 1967 P.C. 62.	tarber Min 17/11/1/	ayn 63 f NGIL	masy
VS 150-REV. 1/1/65			



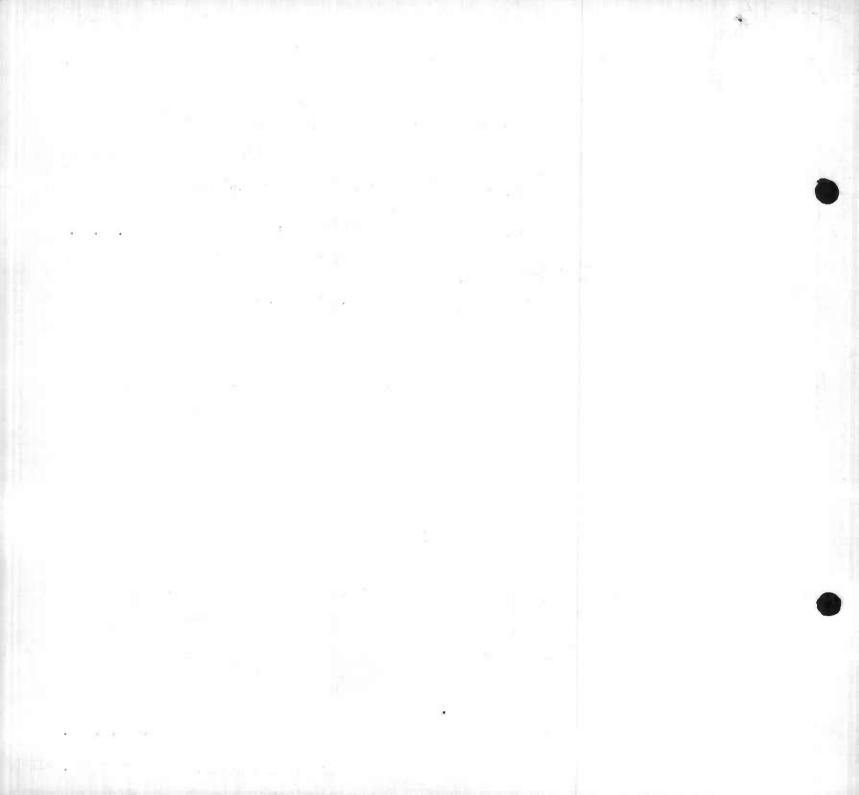
22 coloque a conquesa N 22 There Mannes Hospital Sicy Vork Road Houmille Gertina Trammatana John ! 10000 Heate Mysensdid Total 12 hours THE RESTREET ALL SEF TAL L AFE F DLC 25E, J

CARLED AB MAN 207 : 2 387 P = C = ELSA 73 III IN INTERNATED STAND I AN EIA YSAI SULVILLE T a Drocen Attract serent to Tere-1 - Pin

Am Brown Francial More

IMPORTANT

FUNERAL DIRECTOR:

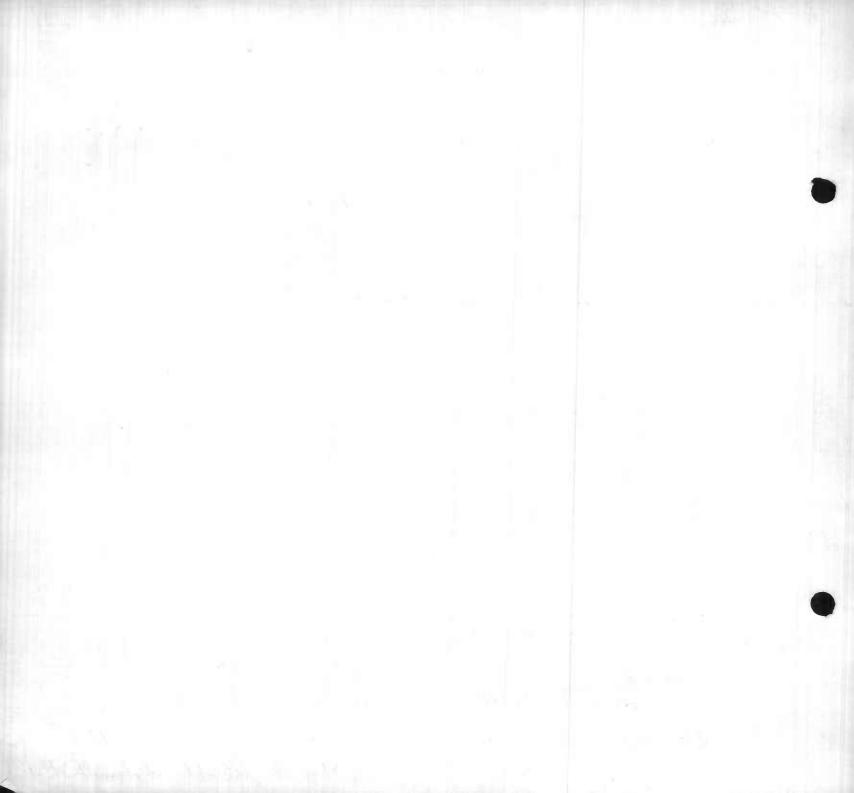


IMPORTANI

DIRECTOR:

FUNERAL

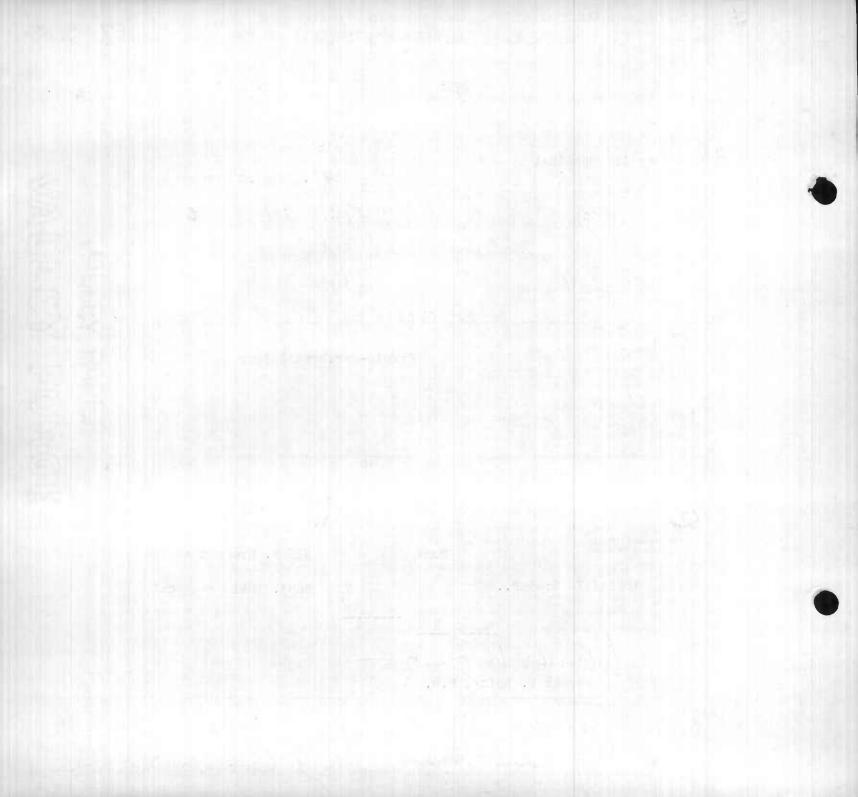
BALTIMORE CITY HEALTH DEPARTMENT

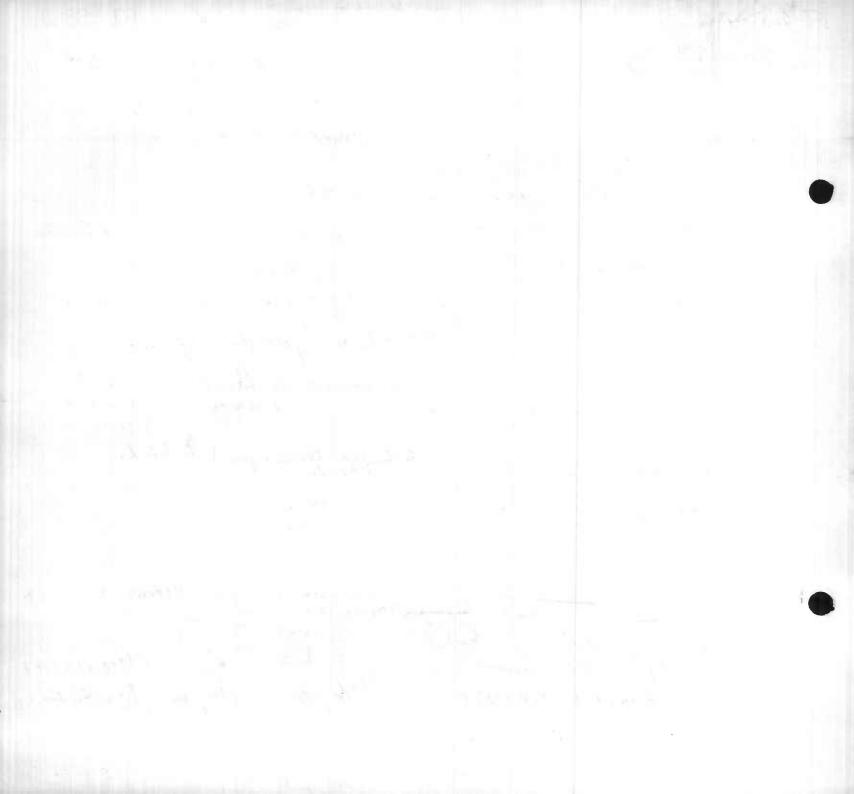


67 9868 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9868

M.	E CASE NO.						
	NAME OF DEC	CEASED				2. DATE AND HOUR PRONOUNCE	DEAD
,	PAUL	1.		ZILL		October 15, 1967	9:30 P. M.
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL RESID	DENCE (Where deceased lived. If institution B. COUN	ution: residence bafare admission)
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUT	ION, GIVE STREET		WN (If autside carparate limits, write	RURAL and give township)
6)				Balti		2/-01
0	Univer	rsity Hospita	1			RESS (If rural, give location)	•
						. Fremont Avenue	
5. 5	SEX	6. RACE		VORCED (specify)	8. DATE OF BIRT	H 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
M	fale	White	-wid	owed	5/31/	1901 66	
		UPATION (Give kind of world	TOR KIND OF	BUSINESS OR INDUSTRY	II. BIRTHPLACE	(State ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most or	working life, even if retired)	Tailor	ina Go.	m. E.		VI CA
13.	FATHER'S NAM	AE .	- Court	1	14. MOTHER'S M	AIDEN NAME	
	I ser	as 7:88,		0	(Como	Hehr-	
15.	WAS DECEASE	DEVER IN U.S. ARMED	FORCES?	6. SO CIAL	17. INFORMANT	24214	ADDRESS
re	s, na ar unknavn	(If yes give was as date	s of service	SECURITY NO.	12.00	11.1 7000 1	2387 10-20
-	118.			217-07-021	OF DEATH	MADER M Maner	INTERVAL BETWEEN
	E 9	00,0		2.031	OI DEAIN		ONSET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH		Cran	io-Cerebra	al Injury	
	heart failure,	nat mean the made of , asthenia, etc. It means mplication which caused	the disease,	DUE TO			
	,	ANTECEDENT : CAUSE	•				
		OR CONDITIONS, IF A		(B) DUE TO			
	RISE TO TH	E ABOVE CAUSE (A) ST	TATING THE	806 10			
z	ONDEREN	NO CONDINON LASI.		(C)			
12		11					
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO TH				
ERT	19A. DATE OF	OPERATION 198, CON	DITION FOR W	HICH OPERATION	20 A. AUTOPSY	(? (Yes or No.) 208, IF YES, WERE FIN	
O	2	WAS PER	FORMED		Yes	S IN CERTIFYING CAUSE	Yes
M	21 A. EXTERNA	CAUSE WAS	21 B. Pl	ACE OF INJURY (e.g., form, factory, street,	in or about 21C.	WHERE DID (If in Baltimare City, give	e exact lacation)
MEDIC	UTING CAU	ISE OF DEATH.	etc.)	Home		516 S. Fremont Avenu	ue 2/-5/
Σ	21D TIME	(Month) (Day) (Year	r) (Hour) 211	E. INJURY OCCURRED		OW DID INJURY OCCUR?	
	(APPROX.)	10/14/67 6:	45 P W	HILE AT NOT	WHILE X	Subj. feel down sta:	ire
	22.					3	1
	l cer	tify that I held an I			tapsy X an	d that an this basis, death in my	apinian
	resul	Ited fram: Natural ca	uses Ac	cident X Suicid	le Hamici	ide Undetermined manner	
	ACTIVA	. FILL	1	(-)	CHIEF M	EDICAL EXAMINER	DATE SIGNED
	SIGNAT		ru.	m (M.D	ASSISTANT M	EDICAL EXAMINER X	
	EXAMIN NAME (VER'S Werner	U. Spit	M.D.	ASSOCIATE N	MEDICAL EXAMINER	10/16/67
	A. BURIAL CRE		23C.	NAME OF CEMETERY	CREMATORY	23D. LOCATION (City,	tawn, ar county) (State)
KE	MOVAL (Specify	10/10	167	4/2 2	f	1 1 it lie 21	my.
24	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME O	F REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS . GL
	0	am d m	DO FO	. Farbura	1.1	nel o	901 St.
			المالاسال د	-, Markey Mil	Hohn	T. Cowan Hon &	Inc Hollins
VS	151-REV. 1/1/	65	1 / 920	7 0 0	11 11	(1)	237ml.



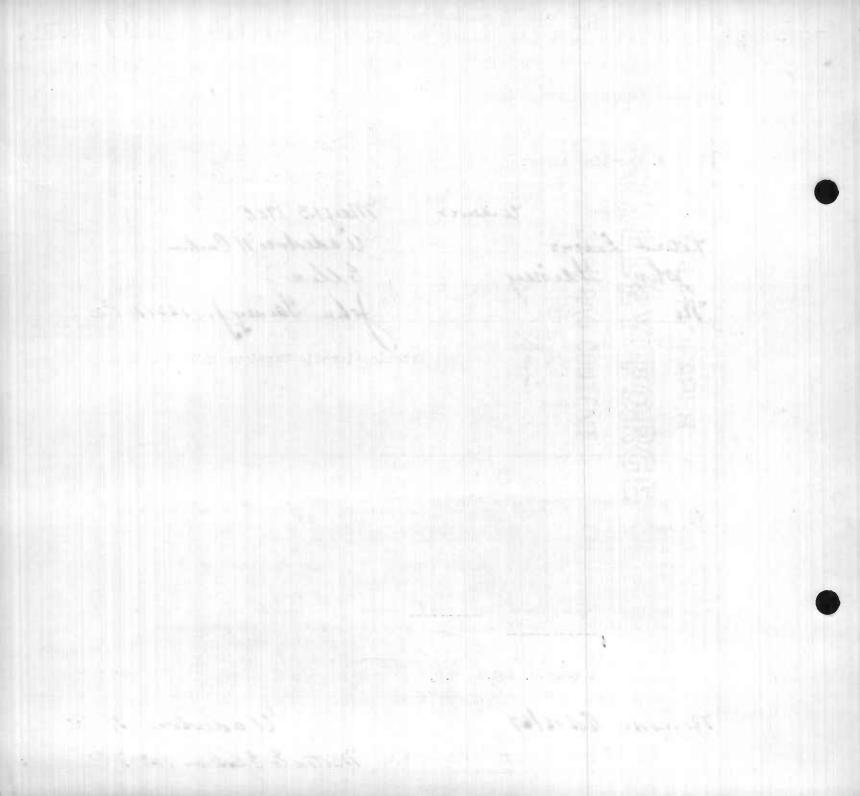


Myochesine incurred 4465 ASCAD, HYPOXIA Pulmonary Embolus Conference account, shoot to have system 21-01 GEORGE H. KEED JOHNS HOPFING TRES

67 9871 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

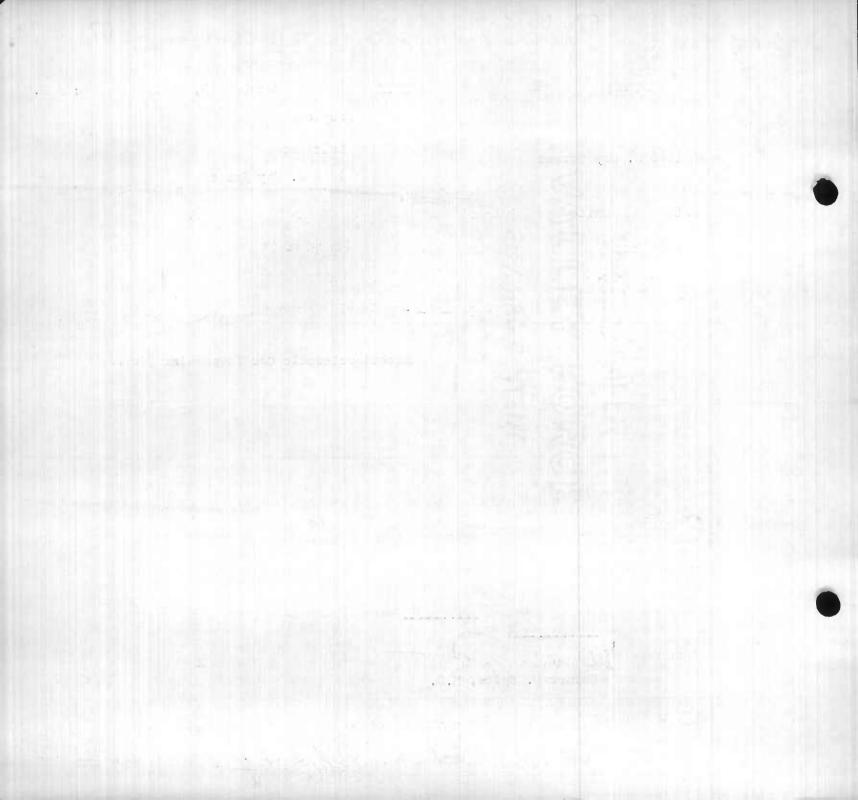
0	0	my	4
J	0	3	1

A.E. CASE NO.				
NAME OF DECEASED Type or Print)			2. DATE AND HOUR PRONOUNCE	
John	GAINEY		October 15, 1967	11:00 A. M
PLACE IN BALTIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	4. USUAL RESIDI	ENCE (Where deceased lived, If ins B. COI	titutian: residence bafare admissiar JNTY
ILL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOC STITUTION	AL OR INSTITUTION, GIVE STREET ATION)		/N (If outside carparate limits, writ	e RURAL and giv township)
		Baltim		-07
1021 N. Caroline Str	eet		ESS (If rural, give lacation)	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	North Caroline St	Ceet Il Under 1 Yr, If Under 24 Hi
	WIDOWED, DIVORCED(specify)	marin	last birthday	Months Days Haurs Min.
Male Negro	RIOB. KIND OF BUSINESS OR INDUSTR	RY II. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
Returned Labore		Made	story of Carlina	WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MA	AIDEN NAME	
John The	ney	Elle	n.	
WAS DECEASED EVER IN U.S. ARME s, na oi unknown) (II yes, give war ai dat	os of service) 16. SO CIAL SECURITY NO.	17. INFORMANT	11 . 1	ADDRESS
720		John	Jackey 1, 16.	2111 Caritien
1B.	CAUS	SE OF DEATH	07/	INTERVAL BETWEEN
DISEASE OR CONDITION D				
LEADING TO DEATH		cioscleroti	c Cardiovascular I)isease
heart failure, asthenin, etc. It mean injury ar complication which caused	dying, e.g., DUE TO the disease, death.)			
ANTECEDENT				
DISEASES OR CONDITIONS, IF	(B)			
RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST.	TATING THE			
	(C)			
II				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO	LATED TO THE			
19A. DATE OF OPERATION 19B. CO.	NDITION FOR WHICH OPERATION REFORMED		(Yes ar No) 208, IF YES, WERE FI	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)		HERE DID (If in Baltimare City, g OCCUR?	ive exact location)
21D TIME (Manth) (Day) (Ye	ar) (Hour) 21E. INJURY OCCURRED	21F. H C	OW DID INJURY OCCUR?	
(APPROX.)	m. WHILE AT NOT	WHILE		
22.			Laboratoria de la constanta de	
certify that I held an			that an this basis, death in	
resulted fram: Natural co	Sulci		de Undetermined mann	er
ACTUAL # ///	gh. Toto		EDICAL EXAMINER	DATE SIGNED
EXAMINER'S Werner NAME (Type)	U. Spitz, M.D.	U .	EDICAL EXAMINER	10/16/67
A. BURIAL CREMATION, 23B. DATE	230 NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	, tawn, ar county) (State)
Rimonal West 1	167		Madestr	46 11. (West.
A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
OCT 17 1967 (Robert E. Farlogna	Mille	x 6. Clickery	12911 Cackini
151-REV. 1/1/65	2	-0-0	()	



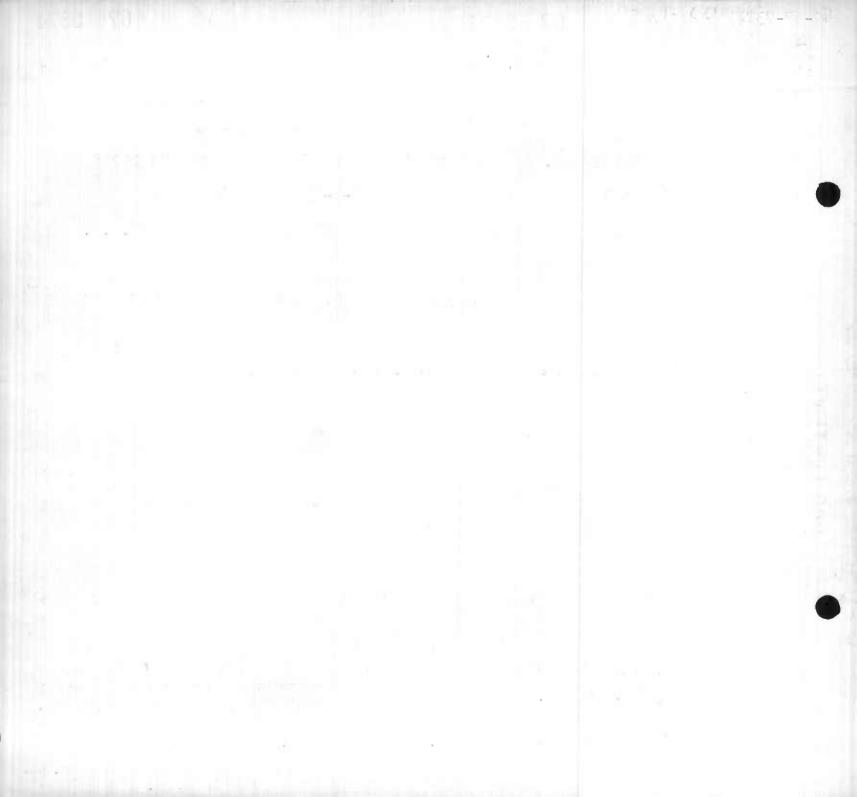
67 9872 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9872

DIK	III NO.	IVIL	DICAL L	AMII TER 5 CI	LICA	IL OI D	L/				
=	E CASE NO.					Vo. 5 4 5 5 4 5 1 5 5 5 5 5 5 5 5 5 5 5 5 5					
(Ťy	Pe or Print)		TO								
		AYMOND	E	SHRIVEF		Octob	er 12, 196	7	9:15	PM.	
		TIMORE, MARYLAND,			A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE Maryland						
HO	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1846 N. Gay Street SEX 6. RACE [7. MARRIED, NEVER MARRIED]			UTION, GIVE STREET	C. CITY OR TOWN (If outside corporote limits, write RURAL ond give township) Baltimore) Z	
1						rive location)		0			
1	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)				D. STREET ADDRESS (If rurol, give locotion) 1846 N. Gay Street						
5. 5	EX	6. RACE			8. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under Hours	24 Hrs. Min.	
	Male	White	Divor		Jan 27,	1899	68			1	
	IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even if retired)		F BUSINESS OR INDUSTRY			country)	12. CITIZEN OF				
	Brick Mason Construction			truction	Pensy:	lvania		USA			
13.	3. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME						
	Edgar Shriver			Leathy	r Hess						
15.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL		16. SO CIAL SECURITY NO.	17. INFORMANT	D.	. #1 Dan 20	ADDRESS				
(16:	No	in yes, give wor or	doles of service	189-09-6590	Gearld Sh	iriver	#1 Box 39		21074		
	18.	17.1		C AU SE	OF DEATH			INTE	RVAL BET	TWEEN	
	DISEA	VSE OR CONDITION	DIRECTLY					ONS	ET AND	DEATH	
	DISEA	ASE OR CONDITION LEADING TO DEA	ATH	Arte	riosclero	tic Card	liovascular	Disease			
	(This does	not meon the mode e, osthenio, etc. It me	of dying, e.g.,	DUE TO	***************************************						
	injury or co	omplication which caus	ed deoth.)					-			
		ANTECEDENT CAL	JSES								
	DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B) DUE TO							
	UN DERLY	HE ABOVE CAUSE (A ING CONDITION LA	STATING THE								
Z				(C)							
은		II .									
ERTIFICATION		SNIFICANT CONDITIO									
工		DEATH BUT NOT									
CERT	19A. DATE O	F OPERATION 198. C	PERFORMED	WHICH OPERATION		11	OB. IF YES, WERE FIR				
4	21 A EXTERNA	AL CAUSE WAS	218	PLACE OF INJURY (e.g.,	in as about 21C		in Baltimore City ai	va exact location	,)		
MEDIC	UNDERLYING	OR CONTRIB-	home etc.)	e, form, foctory, street, o	office bldg., INJUR	Y OCCUR?	in bolimore City, gr	AE EXOCL LOCOHOL	,		
Σ	21 D TIME	(Month) (Doy) (Yeor) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJUI	Y OCCUR?				
	(APPROX.)		m.\	WHILE AT NOT	WHILE ORK						
	22. I ce	rtify that I held an	Inquiry 🗌	Inspection X Aut	ropsy on	d that on this	basis, death In n	ny opinion			
	resu	Ited from: Natural	couses X	Accident Suicid	e Homici	ide U	ndetermined monne	er 🗌			
		1.4.				EDICAL EXA					
	ACTUA		0.10 7.	7	ACCICTANT I		A COLUMN TO THE PARTY OF THE PA	DA	ATE SIG	NED	
	SIGNAT		- II d	M.D.	•			10	/12/6	7	
	NAME		r U. Spit	z, M.D.	ASSOCIATE M	AEDICAL EX	AMINER	10,	/13/6	/	
	BURIAL CR	EMATION, 238. DATE	23	C. NAME OF CEMETERY	CREMATORY	23D. LO	CATION (City,	town, or county	(5	Stote)	
	MOVAL (Speci	fy)		Evergreen Cem	o+						
	Burial	10/1	In/hl	OF REGISTRAR	V		ttysbarg,	Pa.			
241	- DATE KEUL			A 000 A	Z4C. PUNER	AL DIRECTOR					
		DCJ 17 1967	Walses 15	E. farberma	6/1	4 Had	/ Hampstea	d. Marvla	and 2	1074	



, merco

Catonsville, Md.



E CASE NO.	EASED				2. DATE AN	D HOUR OF DEA	TH	
pe or Print)	Christine M	fa mi a	Fanlow		Oato	han 15 1	067 6.	70 -
PLACE OF DE	ATH IN BALTIMORE, MA	ARYLAND	rarrey	4. USUAL	RESIDENCE (Whe	ber 15, 1	I institution: residen	ce before admission
				A. STATE	B. COUN	ITY		
FULL NAME OF	F (If not in haspital address or lacotic		n, give street		ryland			- 1
INSTITUTION	addless of lacolit	uii,		C. CITY C		tside city limits, wri	te RURAL ond give	township)
1						re 21231		2-01
					4.4	rural, give location)		
Chur	ch Home and	Hispi	tal		1 S. Was	hington S		
SEX	6. RACE	7. MARRII	ED, NEVER MARRIED VED, DIVORCED (specify)	8. DATE O	FBIRTH	9. AGE (In years lost birthday)	Manths Days	Haurs Min.
Female	White	1111	w Born			,		
A. USUAL OCC	UPATION (Give kind of wo	rk 10B. KIND	OF BUSINESS OR INDUS	TRY 11. BIRTHP	er 15.67	ign country)	12. CITIZEN C	F
ne during most of	warking lile, even if retired)			Men	ryland,	DAI TO	WHAT CO	
	46				- ,		Аще	rica
FATHER'S NA	VIE			14. MOTH	ER'S MAIDEN NA	WE		
Will	dragoI, mai	Farl	ev	Fre	nces Cat	herine K	aczarowsk	1
Was Deceased	iam Joseph Ever in U. S. Armed Fo D (If yes, give war ar dat	orces?	1 6. SOCIAL	17. INFORM	AANT.		ADD	RESS
s, no or unknowr	yes, give war at dat	ies at service	SECURITY NO.			FARLEY		
Vo.				1 2	21 South	Washingt	on Street	
18. / 6 /	601		CAUS	OF DEATH				VAL BETWEEN T AND DEATH
DISEA	SE OR CONDITION D			/ -	- 10			
	LEADING TO DEATH		(A)	Sel	al cc	wyin		
			DALE TO					
	nat mean the made a asthenio, etc. It meon				g manag g fra g p ij ddyminijijijidaa g g gp g gad			
heart failure.	nal mean the made a asthenio, etc. It meon nplication which cause	s the diseo:		De	lance	Con	P	
heart failure, injury or con	asthenio, etc. It meon	s the diseo: d deoth.)	(S)	Pro	lapse	Con	<u>e</u>	
heart failure, injury or con	asthenio, etc. It meon nplication which cause ANTECEDENT CAUSE	s the diseon d deoth.)	(B)	Pro	lapse	Con	<u> </u>	***************************************
heart failure, injury or con DISEASES (rise to th	asthenio, etc. It meon nplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A)	s the disected deoth.) S ony, givi	(B) DUE TO			Con		
heart failure, injury or con DISEASES (rise to th	asthenio, etc. It meon nplication which cause ANTECEDENT CAUSE OR CONDITIONS, if	s the disected deoth.) S ony, givi	(B) DUE TO					
hearl failure, injury or con DISEASES (rise to the UNDERLYING)	asthenio, etc. It meon nplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A)	s the disected deoth.) S ony, givi	(B) DUE TO					
hearl failure, injury or con DISEASES (rise to the UNDERLYING)	asthenio, etc. It meon nplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last.	s the diseod deoth.) Sony, giving the stating the stating the stating the stating the state of	DUE TO					
DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR	asthenio, etc. It meon implication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last.	s the diseod deoth.) Sony, giving stating to stating to the state of	DUE TO					
DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR	asthenio, etc. It meon inplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	s the diseoud deoth.) S ony, giving the state of the st	(B) DUE TO ng he (C)			o) 20B. IF YES, WE	RE FINDINGS CON	SIDERED 47
DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR	asthenio, etc. It meon nplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	s the diseased death.) S ony, giving the state of the s	(B) DUE TO ng he (C)			o) 20B. IF YES, WE		SIDERED 17
DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF	asthenio, etc. It meon inplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last. IFICANT CONDITIONS PER CONDITION CAUSING OPERATION 198. COWAS PEINT WAS UNDERLYING	s the diseased death.) S ony, giving stating 1 CONTRIBUT. ATED TO IT. NOTION FOR FORMED	ING THE R WHICH OPERATION (8) (B) DUE TO (C)	20A. Al	UTOPSY? (Yes or N	D) 20B. IF YES, WE	RE FINDINGS CON	1?
DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF CONTRIB	asthenio, etc. It meon implication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last. IFICANT CONDITIONS TEATH 8UT NOT REL CONDITION CAUSING OPERATION 19B. COWAS PEI	s the diseased death.) S ony, giving the state of the s	ING THE R WHICH OPERATION	20A. Al	UTOPSY? (Yes or N	D) 20B. IF YES, WE	RE FINDINGS CON CAUSES OF DEATI	1?
DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTED TO THE DEATH (notify	asthenio, etc. It meon inplication which cause that the cause of the c	s the diseond deoth.) S ony, giving stating 1 CONTRIBUT. ATED TO 1T. NOTION FOR FORMED	ING THE R WHICH OPERATION 21B. PLACE OF INJURY (e. name, larm, factory, stree	g., in ar about 2, office bldg.,	TOPSY? (Yes or N	D) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CON CAUSES OF DEATI	1?
DISEASES (rise to the UNDERLYING THE DISEASE OR TO THE DISEASE OR TO A. A. C. C. DE OR C. ONTRIBUTE OF INJURY	asthenio, etc. It mean implication which cause that the cause of the c	s the diseased death.) S ony, giving stating I CONTRIBUT AATED TO IT. NOTION FORFORMED	IR. PLACE OF INJURY (e. name, larm, factory, streetc.)	g., in ar about 2, office bldg., 1	UTOPSY? (Yes or N	D) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CON CAUSES OF DEATI	1?
DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF THE CONTRIB	asthenio, etc. It meon inplication which cause that the cause of the c	s the diseased death.) S ony, giving the state of the s	IR. PLACE OF INJURY (e. name, larm, factory, streetc.)	g, in or about 2, office bldg., I	TOPSY? (Yes or N	D) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CON CAUSES OF DEATI	1?
DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)	asthenio, etc. It mean implication which cause that the cause of the c	s the diseased death.) S ony, giving stating I CONTRIBUT. ATED TO IT. NOTION FOR FORMED	ING THE R WHICH OPERATION PLACE OF INJURY (e. name, larm, factory, stree etc.) RIS INJURY OCCURRED While At At W	g., in ar about 2, office bldg., I	TOPSY? (Yes or N C) TC, WHERE DID NJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING (If in Bolfin	RE FINDINGS CON CAUSES OF DEATI mare City, give exo	t lacation)
DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE D DISEASE OR 19A. DATE OF DEATH (natify 21D. TIME OF INJURY (APPROX.)	asthenio, etc. It mean implication which cause that the cause of the cause	s the diseased death.) S ony, giving stating I CONTRIBUT AATED TO IT. NOTION FORFORMED (Haur) 2	ING THE R WHICH OPERATION 21B. PLACE OF INJURY (e. name, larm, factory, stree etc.) While At At Wark At While At At Wark At the deceased fram	g., in ar about 2, office bldg., I	TOPSY? (Yes or N A C TC. WHERE DID NJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING (If in Botting) URY OCCUR?	RE FINDINGS CON CAUSES OF DEATI	1? :t location)
DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE D DISEASE OR 19A. DATE OF DEATH (natify 21D. TIME OF INJURY (APPROX.)	asthenio, etc. It mean implication which cause that the cause of the c	s the diseased death.) S ony, giving stating I CONTRIBUT AATED TO IT. NOTION FORFORMED (Haur) 2	ING THE R WHICH OPERATION 21B. PLACE OF INJURY (e. name, larm, factory, stree etc.) While At At Wark At While At At Wark At the deceased fram	g., in ar about 2, office bldg., I	TOPSY? (Yes or N A C TC. WHERE DID NJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING (If in Bolfin	RE FINDINGS CON CAUSES OF DEATI	17 :t lacation)
DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR TO THE DO DISEASE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	asthenio, etc. It mean implication which cause that the cause stopping the cause that the cause stopping that the cause stopping that the causes stopping that the causes stopping that the cause stopping the cause that the causes stopping the cause that the causes stopping that the causes stopping the cause that the cause stopping the cause that the cause stopping the cause that the cause that the cause that the cause that the cause the cause that	s the diseased death.) S ony, giving stating 1 CONTRIBUT ATED TO IT. NOTION FOR RED (Havi) 2 (Havi) 2 (Havi) 2 (See all ve asset	ING THE R WHICH OPERATION 21B. PLACE OF INJURY (e. name, larm, factory, stree etc.) While At At Wark At While At At Wark At the deceased fram	g., in or about 2, office bldg., I	TOPSY? (Yes or N C. WHERE DID NJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING (If in Botting) URY OCCUR?	RE FINDINGS CON CAUSES OF DEATI	17 :t location)
DISEASES (rise to the UNDERLYING TO THE DISEASE OR THE DISEASE OR THE DEATH (notify LAPPROX.)	asthenio, etc. It mean implication which cause that the cause stopping the cause that the cause stopping that the cause stopping that the causes stopping that the causes stopping that the cause stopping the cause that the causes stopping the cause that the causes stopping that the causes stopping the cause that the cause stopping the cause that the cause stopping the cause that the cause that the cause that the cause that the cause the cause that	s the diseased death.) S ony, giving stating 1 CONTRIBUT ATED TO IT. NOTION FOR RED (Havi) 2 (Havi) 2 (Havi) 2 (See all ve asset	ING THE R WHICH OPERATION 21 B. PLACE OF INJURY (e. tame, larm, factory, stree etc.) 21 E. INJURY OCCURRED While At	g., in ar about 2, office bldg., It ark	TOPSY? (Yes or N C. WHERE DID NJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING (If in Boltin URY OCCUR?	RE FINDINGS CON CAUSES OF DEATI nate City, give exore aplinian death ac	t lacation) 19 curred an the d
DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR TO THE DO DISEASE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	asthenio, etc. It mean implication which cause that the cause stopping the cause that the cause stopping that the cause stopping that the causes stopping that the causes stopping that the cause stopping the cause that the causes stopping the cause that the causes stopping that the causes stopping the cause that the cause stopping the cause that the cause stopping the cause that the cause that the cause that the cause that the cause the cause that	s the diseased death.) S ony, giving stating 1 CONTRIBUT ATED TO IT. NOTION FOR RED (Havi) 2 (Havi) 2 (Havi) 2 (See all ve asset	ING THE R WHICH OPERATION 21 B. PLACE OF INJURY (e. tame, larm, factory, stree etc.) 21 E. INJURY OCCURRED While At	g., in ar about 2, office bldg., It ark	ITOPSY? (Yes ar N O IC. WHERE DID NJURY OCCUR? IF. HOW DID IN. and the	O) 20B. IF YES, WE IN CERTIFYING (If in Boltin URY OCCUR?	RE FINDINGS CON CAUSES OF DEATI nate City, give exore aplinian death ac	t location) 19
DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR TO THE DO DISEASE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	asthenio, etc. It mean implication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last. IIIICANT CONDITIONS PEATH BUT NOT RELECTED NOT RELECTED TO THE CONDITION CAUSING OPERATION 198. CONDITION CAUSING CONDITION CAUSING (Manth) (Doy) (Year that (I) (this hospital last saw the deceased of from the causes stated.)	s the diseased death.) S ony, giving stating 1 CONTRIBUT ATED TO IT. NOTION FOR RED (Havi) 2 (Havi) 2 (Havi) 2 (See all ve asset	ING THE R WHICH OPERATION PLACE OF INJURY (e. e. e	g., in or about 2, office bldg., I	ITOPSY? (Yes ar N IC. WHERE DID NJURY OCCUR? IF. HOW DID IN. and the day after death. Med. Director	O) 20B. IF YES, WE IN CERTIFYING (If in Botting) URY OCCUR?	RE FINDINGS CON CAUSES OF DEATI nare City, give exo	t location) 19
DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIB DEATH (naify (APPROX.) 21. Certify that (1) (we) and haur analysis of contributions of the United States of th	asthenio, etc. It mean implication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last. IFICANT CONDITIONS LEATH 8UT NOT REL CONDITIONS CAUSING OPERATION 198. COWAS PERATION CAUSING CAUSE OF medical examiner) (Manth) (Doy) (Year that (1) (this hospital last saw the decease of the causes stores and the causes stores are caused from the causes are caused from the cause are caused from the caused fro	s the diseased death.) S ony, giving stating 1 CONTRIBUT ATED TO IT. NOTION FOR RED (Havi) 2 (Havi) 2 (Havi) 2 (See all ve asset	ING THE R WHICH OPERATION PLACE OF INJURY (e. tame, factory, stree etc.) THE INJURY OCCURRED While At Not Not Not Not Not Not Not Not Not No	g., in ar about 2, office bldg., 11 // white	ITOPSY? (Yes ar N IC. WHERE DID NJURY OCCUR? IF. HOW DID IN. and the day after death. Med. Director	O) 20B. IF YES, WE IN CERTIFYING (If in Boltin URY OCCUR? 19 ta	RE FINDINGS CON CAUSES OF DEATH nate City, give exorting aplinian death ac	t lacation) 19 curred an the d
DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR THE DISEASE OR CONTRIBUTED TO THE DEATH (notify (APPROX.) 22. I certify that (I) (we) and haur analysis (I) (we)	asthenio, etc. It mean implication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last. IFICANT CONDITIONS LEATH 8UT NOT REL CONDITIONS CAUSING OPERATION 198. COWAS PERATION CAUSING CAUSE OF medical examiner) (Manth) (Doy) (Year that (1) (this hospital last saw the decease of the causes stores and the causes stores are caused from the causes are caused from the cause are caused from the caused fro	s the diseased death.) S ony, giving stating 1 CONTRIBUT ATED TO IT. NOTION FOR FORMED All attended seed all ve at a seed all ve at a seed	ING THE R WHICH OPERATION PIE. INJURY OCCURRED While At	20A. At 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ITOPSY? (Yes ar N IC. WHERE DID NJURY OCCUR? IF. HOW DID IN. and the day after death. Med. Director	O) 20B. IF YES, WE IN CERTIFYING (If in Boltin URY OCCUR?	RE FINDINGS CON CAUSES OF DEATI nare City, give exore aplinlan death ac 23B. DATE SIG 10-15	17 ct location) 19 curred an the d
DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE D DISEASE OR 19A. DATE OF DEATH (natify (APPROX.) 21 A. SIGNATURY (APPROX.) 22. I certify that (1) (we) and haur and 23A. SIGNATURY (APROX.)	asthenio, etc. It mean application which cause that the cause that	s the diseased death.) S ony, giving stating 1 CONTRIBUT ATED TO IT. NOTION FOR FORMED All attended seed all ve at a seed all ve at a seed	ING THE R WHICH OPERATION PLACE OF INJURY (e. tame, factory, stree etc.) THE INJURY OCCURRED While At Not Not Not Not Not Not Not Not Not No	20A. At 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ITOPSY? (Yes ar N IC. WHERE DID NJURY OCCUR? IF. HOW DID IN. and the day after death. Med. Director	O) 20B. IF YES, WE IN CERTIFYING (If in Boltin URY OCCUR? 19 ta	RE FINDINGS CON CAUSES OF DEATH nate City, give exorting aplinian death ac	17 curred an the d
DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR THE DISEASE OR THE DEATH (notify (APPROX.) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur analysis (I) (we) (II) (We) (II) (We) (II) (We) (III) (We)	asthenio, etc. It mean implication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last. IFICANT CONDITION SEATH 8UT NOT REL CONDITION CAUSING OPERATION 19B. COWAS PEI (Manth) (Doy) (Year that (I) (this hospital last saw the decease of from the causes state (IRE) MATION, 24B. DATE MATION, 24B. DATE	s the diseased death.) S ony, giving stating to the state of the stat	ING THE R WHICH OPERATION PLACE OF INJURY(e. tome, factory, stree etc.) PLE INJURY OCCURRED While At At Wark At Wark At While At At Wark At Wark At Wark Company of Cemetery of Ceme	20A. All g., in ar about 2 t, office bldg., 11 // ork 19 t) view the brown phys. 23D. ADDR CREMATORY	ITOPSY? (Yes ar N AC IC. WHERE DID NJURY OCCUR? IF. HOW DID IN. and the day after death. Med. Director ESS IURCH 24D. L	O 20B. IF YES, WE IN CERTIFYING (If in Boltin URY OCCUR? 19	RE FINDINGS CON CAUSES OF DEATI mare City, give exore aplnian death ac 23 B. DATE SIG / 0 - / 5 City, tawn, ar cou	19
DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBIT OF INJURY (APPROX.) 21. L certify that (1) (we) and haur and 23A. SIGNATE OR CONTRIBIT OF INJURY (APPROX.)	asthenio, etc. It mean implication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A) G CONDITION last. IFICANT CONDITION SEATH 8UT NOT REL CONDITION CAUSING OPERATION 19B. COWAS PEI (Manth) (Doy) (Year that (I) (this hospital last saw the decease of from the causes state (IRE) MATION, 24B. DATE MATION, 24B. DATE	s the diseased death.) S ony, giving stating to the state of the stat	ING THE R WHICH OPERATION PIE. INJURY OCCURRED While At	20A. All g., in ar about 2 t, office bldg., 11 // ork 19 t) view the brown phys. 23D. ADDR CREMATORY	ITOPSY? (Yes ar N AC IC. WHERE DID NJURY OCCUR? IF. HOW DID IN. and the day after death. Med. Director ESS IURCH 24D. L	O 20B. IF YES, WE IN CERTIFYING (If in Boltin URY OCCUR? 19	RE FINDINGS CON CAUSES OF DEATI mare City, give exore aplnian death ac 23 B. DATE SIG / 0 - / 5 City, tawn, ar cou	19

IMPORTAN

DIRECTOR:

FUNERAL

67. 9877. BALTIMORE CITY HEALTH DEPARTMENT

9877

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	71120	10/12 2/	O WITH TEREO C		- 0	22, (111			
1. NAME OF DECE	ASED				2. DATE AN	D HOUR PRONOUNCE	ED DEAD		
(Type or Print)		LCOX			Octo	her 10 196	7	2.50	D 14
	MORE, MARYLAND, V	TAL OR INSTITU	UTION, GIVE STREET	October 10, 1967 2:50 p M 4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before odmission a. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
INSTITUTION	ADDRESS ON LOO			D-14-			15	5-0	6
1704 Dukel	O.A.	D. STREET ADDRESS (If rurol, give locotion) 1704 Dukeland St.							
5. SEX 6	. RACE Colored		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years lost birthday)	II Under 1 Y Months Doy		
IOA. USUAL OCCUP	ATION (Give kind of wo	rk TOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN C	OHNTRY?	
done during most of working life, even if retired) Chauffeur				Charlott	e Co	Va.	U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAM	E				
Cullen Gilmore				Alpine P	almer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), If yes, give wor or dotes of service) SECURITY NO.			17. INFORM ANT			ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.				Curtis G	ilmore	1646 Ruxton	Ave. 2	1216	
(This does no heart foilure, of injury or comparing the co	OR CONDITION DELEADING TO DEAT I meon the mode of sthenio, etc. If meon of the mode of the mode of the course of t	H of dying, e.g., is the disease, deoth.) ES ANY, GIVING STATING THE s CONTRIBUTII ELATED TO T	(B)(C)	iwe Fatty	Metamo	rphosis of	liver		
	OPERATION 198. CO WAS PE		WHICH OPERATION			208, IF YES, WERE FILL IN CERTIFYING CAUSE			
21 A, EXTERNAL UNDERLYING CAUS	OR CONTRIB-	21 B, home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. W office bldg., INJURY	HERE DID OCCUR?	(If in Boltimore City, gi	ve exoct locati	on)	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye		WHILE AT NOT AT W	WHILE	OW DID INJU	JRY OCCUR?			
	fy that I held on					is basis, death in m			
resulte	d from: Natural c	auses X	Accident Suicid			Undetermined mann	er		
ACTUAL SIGNATU		N-75	Ism M.D	ASSISTANT MI	EDICAL EX	part of the same o	C	ATE SIG	NED
EXAMINE NAME (T		F. Wilso	n M D	ASSOCIATE M	EDICAL E		ctober 1	1. 196	67
23A. BURIAL CREM	ATION, 23B, DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. L		, town, or coun		Stote)
Burial	10-16-	-67 B	Altimore Natio	onal	Ral	ltimore, Mar	vland		
24A. DATE REC'D		248. NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	1735 Harfor Jones, Jr.	d Ave.	21213	

Curtis Climons 1846 homeon Ave. Civil





61

VS 150-REV. 1/1/65

Belle Sana M

C.F. A. C.F. I. C. J. F.F. T.F.L.

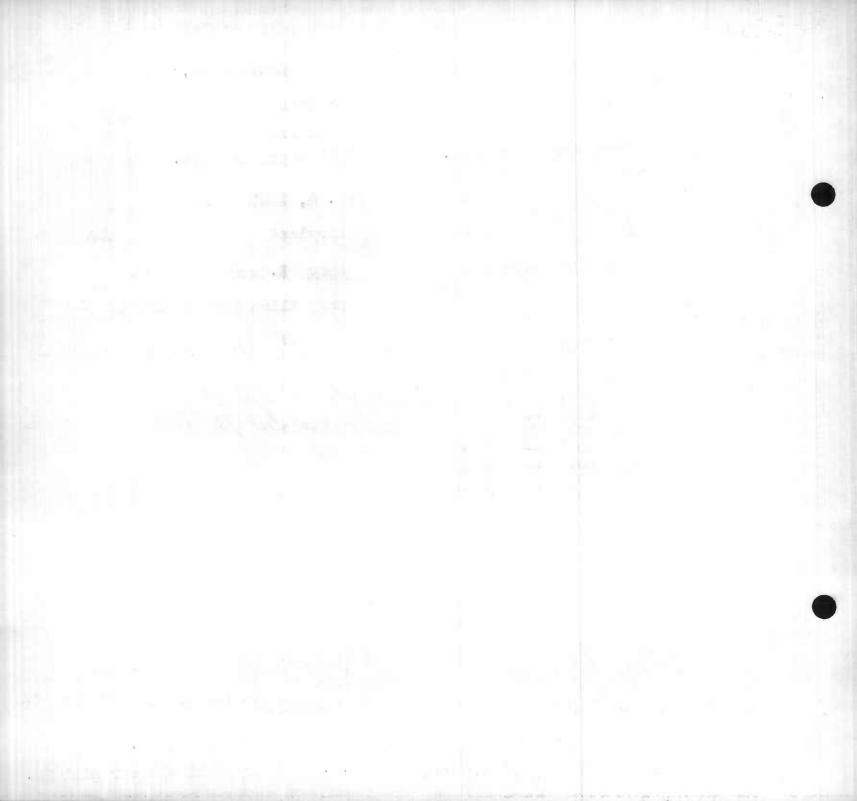
	H NO. 67	000	BALTIMORE CITY	HEALTH DEPA	RTMENT		67	1999	
1		300	CERTIFICA	TE OF D	EATH	Registered No	. 07	2001	
	AME OF DECEASED				2. DATE A	ND HOUR OF DEATH	1		_
	e or Print) Meile,	John Ad	lam			ber 14, 196		6:25	P.,
3. P	LACE OF DEATH IN BALTIMORE, MAI			4. USUAL RESI		ere deceased lived. If		ence before od	mission)
	TULL NAME OF (If not in hospital of	or institution,	give street	Maryla	nd		2112		
	NSTITUTION Veterans Admi		ion Hospital			utside city limits, write	KUKAL ond gi	ve lownship)	NI
	3900 Loch Rav	en Blvd		Baltin		rurol, give lacotion)		fra /-	1/6
0	Baltimore, Ma					unt Olivet			
5. S			NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under 1	Yr. If Under	24 Hrs.
	ale White	Wide	D, DIVORCED (specify)	9/3/92		75	Widnin's Do	y's Moors	/VIII.
	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	108. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stote or for	eign country)	12. CITIZEN	OF COUNTRY?	
2011	Guard	Ur	nknown	Marylan	nd			d State	S
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME			
ć	John G. Meile			Maggie	Link				
15.	Was Deceased Ever in U. S. Armed Fare, no or unknown) (If yes, give war or date:	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Vetera	ns Hospital	Record	DRESS	
		27/19	217-09-85-08			Maryland 2			
	1B. 0 1 1 1 1	77X	CAUSE O	FDEATH				ERVAL BETWE	
	DISEASE OR CONDITION DIR	ECTLY		Tubercul	neia				
	(This does not mean the mode of	dvina, e.a.,	(A) DUE TO	Idelegi					
	heart failure, asthenia, etc. It means	the diseose,		noma Of	Mac Das	stata			
	injury or complication which caused ANTECEDENT CAUSES	deoin.	(8)	noma UI	me rr	state			
			DUE TO			- 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*****************		
	DISEASES OR CONDITIONS, if coise to the obove couse (A)		(6)						
	UNDERLYING CONDITION lost.		1 201						
	- 11								
ATION	OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELA	ONTRIBUTIN	G (E						
EAT	DISEASE OR CONDITION CAUSING I	r		1204	ave (M b)	V 000 12 112			
ERTIFIC	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	NO NO	SY? (Tes or N	o) 208, IF YES, WERE IN CERTIFYING C	AUSES OF DEA	TH?	
CER	21A. ACCIDENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	ar about 21 C. W	HERE DID	(If in Bo)time	re City, give e	xact (acation)	
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hon etc.	ne, form, factory, street, of	fice bldg., INJUR	Y OCCUR?		,.		
DIC	21 D. TIME (Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F. H	OW DID IN	JURY OCCUR?			
MEDI	OF INJURY (APPROX.)		ile At Not While						
		Wo				7 000			100
	22. I certify that 🗱 (this hospital								
	that (X(we) last saw the decease	d alive on 🤇	October 14,	1967	and t	hat in (ally) (aur) ap	inian death o	occurred on t	he date
	and hour and from the causes stat		1 1 1 1 1						
	23A. SIGNATURE	/)				238. DATE S	IGNED	
	Michael R	renal	M.D. Atte	nding /	Med.	Stoff Phys.	10/14	1/67	
	23C.PHYSICIAN'S	-		23D. ADDRESS	-ilector	THYS. LIGH	/	., -1	
	NAME (Type) Michael R	Seiga	1927		Admini	stration Ho	spital.	Balto.	Md.
244	BURIAL CREMATION, 248. DATE		AME of CEMETERY OF CRE		124 71-01-70		City, tawn, or c		(State)
	REMOVAL (Specify)	/							
7 F A	BURIA ///8/4		DE BECKETBAR	1 L	AL DISTOR	DALIO.	100.	ADDRESS	
23A	OCT 17 1967	Di. A S	of registrar	T. T.	TA A 2	BALTO. SBUZY	BA, T	C. M	
Ve	150-REV. 1/1/65	Aura .		3:7.3	060010	3000	1001	0- 1-1	1)
4.2	130-KE V. 1/ 1/ 03				6 -1				

1 , 1 -- 62-. WE ADVITE LICE OF B. ... 11/11/- 11/11 The same of the sa 2 و ۱۰ نصف * 1 (* 1) indear a divini

IMPORTANT

FUNERAL DIRECTOR:

				Y HEALTH DEPARTMEN		67 9882
BIRTH NO. M.E. CASE NO.		67 9	882 CERTIFICA	ATE OF DEAT	H Registered No	. 67 9882
I. NAME OF DE					TE AND HOUR OF DEAT	Н
Type or Print)	Mary Mod	prehead	Rand		ctober 13.1	067
PLACE OF D	EATH IN BALTIMORE		z radio	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission
					COUNTY	
FULL NAME		pital or institut	tion, give street	Maryland		
INSTITUTION	c oddress or ic	COHON				e RURAL ond give township)
A				Baltimor	e	68-0
00	5513 Gt	arnn Os	ale Arro	D. STREET ADDRESS	(If rurol, give location)	
	2242 41	Jana Oc	WIT WAG .	DOTO GMA	nn Oak Ave.	
. SEX	6. RACE		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
F	TAT	WIDO	OWED, DIVORCED (specify)	77.1. 1. 2.	lost birthdoyl	Months Doys Hours Min.
-	CUPATION (Give kind o	work 108 KIN	D OF BUSINESS OR INDUSTR	Feb. 4. 1	887 80	12. CITIZEN OF
one during most	of working life, even if re	ired)	D OF BUSINESS OK INDUSTR	11. DIKITITEACE (STORE	or toreign country)	WHAT COUNTRY?
No	one		None	Marylan	đ	USA
FATHER'S NA	AME			14. MOTHER'S MAIDE		ODE
D.	howt Tales	1/10	Jan - N	241		
	obert John				Martha For	rest
es, no or unknow	ed Ever in U. S. Arme	d Forces?	ice) 16. SOCIAL	17. INFORMANT		ADDRESS
NO	NO		Jecokiii No,	Marrie Tol	len Forder	amme es #h
					Tell Loudel.	
18.44	4 3 X I		CAUSE	OF DEATH	1 2 206	INTERVAL BETWEEN
DISE	ASE OR CONDITION		~ /	- Coll	is iland The	east 1/
	LEADING TO DE	ATH	cesta	11840111111	e seall was	1046 4-4015
	not mean the mad					
	e, asthenio, etc. It momolication which co		ase,	1 1/1/	1/	
IIII ory or co			MACH S	I MANUAU CAL	ALXPRIS C	
	ANTECEDENT CA	USES	OUE/10	CHIVITY IS	1 11 (1	7
	OR CONDITIONS,			11800 10 41800	the Month to	- 1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	the obave cause		The (C) UC	ule conju	ung yayy /u	yuy Steoning
UNDERLIT	NG CONDITION 10S	1.				
-	11			V		
	NIFICANT CONDITIO				•	
DISEASE O	R CONDITION CAUS		, IUE			
			OR WHICH OPERATION	20 A. AUTOPSY? (Yes	or Nal 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
	WA	PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
	ENT WAS UNDERLY	NG 🗍	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE I	DID III in Boltim	ore City, give exact tocation!
OR CONTRI	BUTING CAUSE OF	-	home, form, foctory, street, etc.)	office bldg., INJURY OCC	U R?	3.00
)	ify medical examined		CIC.			
21D. TIME	(Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY			While At Not Wi			
(AFFROA)			Work At Wor	k 🗀	(D)	TOBEL
22. I certif	y that (1) (this has	pital) attend	ed the deceased from/	MAY	1959 to B	21/13 61
1	e) lost sow the dec	7	- 6410-0	13/1067	/	pipton death occurred on the d
/						provide decirios on the d
4 1 1		stated abov	re. (1) (We) (did) (did not)	view the body ofter de	eoth.	
234 SIONAT	TURE	1				23B. DATE SIGNED
11/22	1161 10/11	60000	M.D. A	ttending Med.	Staff Physics	10/15/67
23C. PHYSIC	IANS	and		Director	Phys.	10/0/01
HAME	(Type)	111	C-20-4	23D. ADDRESS		-11 Since
Hon	115 E. U	VHEEL	ER M.C	111 RAMBII	6/00DB	ELLICOT CITY -MI
4A. BURIAL CI	REMATION, 248. DAT	E 24	C. NAME of CEMETERY OF C	REMATORY	24D. LOCATION	City, tawn, ar county) State
REMOVAL	(Specify)					
Burial	. 10/	16/67	Loudon Parl	r	Baltimore	e Md.
	D BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
10	CT 17 1967	(B) D. B	TE STALLENA	J.T.Stans	spury 6411 W	Vindgon Mala ma
•	A4 - 4 1001	AMOUNT			- Lary OLIT	Vindsor Mill Rd.



G-56E	BIR	H NO. 67 9883 CERTIFICATE OF DEATH Registered No.	57 9883
and eath ased the Such		CASE NO. AME OF DECEASED 2, DATE AND HOUR OF DEATH	
5005		e al Print MR. PETER J. GUMMER Oct 14, 9	67 6:00 AM
hospitose of (5) De ance death	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. A institu	tian tesidence befare admission)
		ULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION C. CITY OR TOWN (If autside city limits, write RUR.)	AL and give township)
l in a ng cause; cause; attend		Physic 115-0 + 13ALTO, #24.	6-01
U.= L	3	D. STREET ADDRESS (If rurol, give facation)	RER St
12001	5	EX 6. RACE 7 MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
occu ontri ermi regu		MALE WHITE MARRIED 600/ Nov 2/899	2, CITIZEN OF
det det		dyring mast of working life, even if retired)	WHAT COUNTRY?
rect or c (4) Under was in the dec	13.	FATHERS NAME 14. MOTHER'S MAIDEN NAME	4.37
# i + i + i + i + i + i + i + i + i + i		Joseph Tunner Cernie Dor	
TAN istant he di kind; death ce on	15.	Was Deceased Ever in D. S. Armed Foices? 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
Sist A D Dig		NO 217.05-1835 ANNE E. GUMMER	SAUE INTERVAL BETWEEN
F .5 . B		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying, e.g., heoit failure, oslhenio, etc., it means the disease,	Days
S. To or o		heort failure, osthenio, etc. It means the disease, injury at camplication which caused death.)	
CTOR saminer A fract vho pr		ANTECEDENT CAUSES (B)	
REC exal (3) A in wh		DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	
DIR cal al e s; (3)		UNDERLYING CONDITION Iosi,	
medical sedical subrins; (3 hysician in was in	ATION	THE DEATH BUT NOT RELATED TO THE	
A m a m ody loody	P	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	
	CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID (If in Boltimate Ci	
FU tal by s; (2) B here t	AL C	218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare Ciron CONTRIBUTING CAUSE OF Larm, foctory, street, olfice bldg., INJURY OCCUR?	ty, give exact lacation)
~ ~		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY	
		(APPROX.) While At Not While At Work	
the state of the s			1 1967
t be ap sed to ent of spital eath)		that (I) (we) lost saw the deceased alive an OCT 1967 and that in(my) (our) apinion and haur and from the causes stated abave. (I) (We) (did) (did not) view the body after death.	t death accurred an the date
ust be ceased tident of hospital			B. DATE SIGNED
- O E A		Address Ballage M.D. Attending Med. Director Dir	Tet 14, 196
was r An a An a prior		23C/PHYSICIAN'S NAME (Type) PAN TA 2 A P M.D. Church Home	- Horas.
		THE DALLA THE	own, ar caunty) (State)
Dod ase		BURIAL 10-18-67. SACRED HEART CEM 7401 GERMAN HILL	RA. BALTO.CO., MC
This certify the body shows: (1) was D.O.(1) deceased written at	25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 901 S. COA COLOR STORY BALTO,	KLING ST.
-+0>0>		150-REV. 1/1/65	LIZZY, MD.

Jane Same and my marine in the second were in the latest in some The same of the sa

VS 150-REV, 1/1/65

VALUE IN DING ?

JATIGOOM JAIGONIBM GOLDU.

HARYLAND ...

SALTINGRE

* . e * . .

BUR E BORTH AVE.

02-26-05 62

& IT SUMBH

БР/верхної в сикойоми от вико первоуку

SERVER DESTREE MERCHANISM PROSPIT AL

-lope uppel

Comment of the state of the sta

IMPORTANT DIRECTOR: FUNERAL

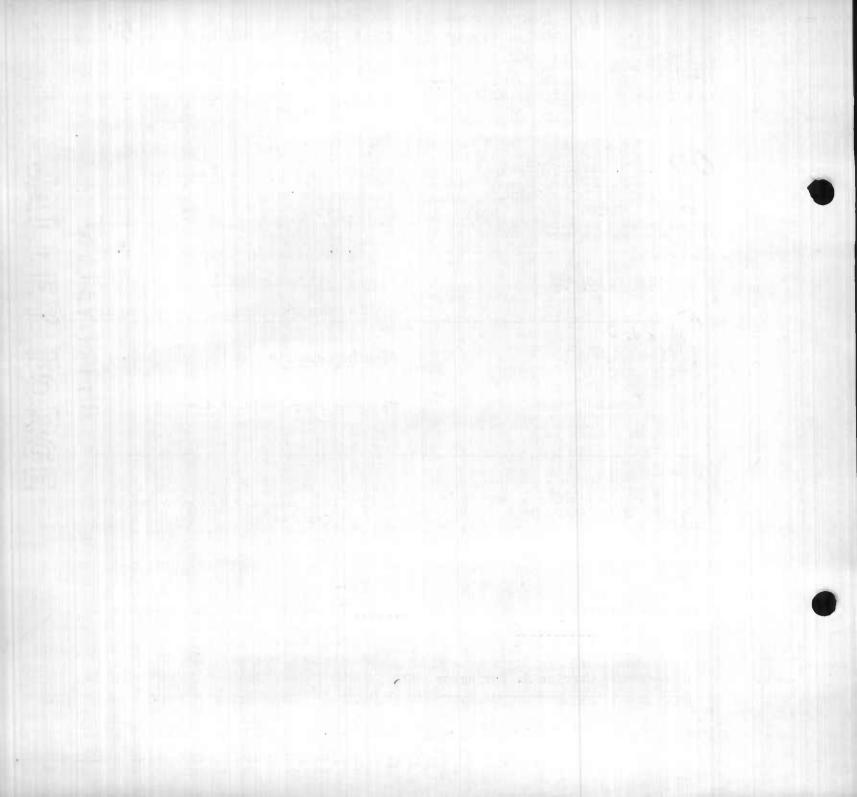
9886 CERTIFICATE OF DEATH Registered No. BIRTH NO. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 1184 ADDRESS SOME INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) 238, DATE SIGNED 10-15-67 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

and promised the

BALTIMORE CITY HEALTH DEPARTMENT

BIRTI	H NO.	MED	ICAL EXAMINER'S		F DEAT	H Registe	red N.67	9885	7_
	CASE NO.			10.04		anonio IIN ci	TD DEAD		
Тур	AME OF DE		DDM NIMOUEII		E AND HOUR			6:30 A.	
R. PI	ACE IN RAL	HERB	ERT MITCHELL THERE PRONOUNCED DEAD	4. USUAL RESIDENCE (tober 15				· M.
,, , ,				A. STATE Mary1:		B. COU			
FULI	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If		e limits, write	RURAL ond	give township)	_
NST	ITUTION			Baltin	nore			77_	
1	100			D. STREET ADDRESS (I		tion)	-		
4	433	N. Exeter S	treet	435 N	. Exeter	Street			
5. SE	X	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AC	E (In years	If Under 1	Yr. If Under 24 ys i Hours , N	Hrs.
	Male	Negro	Married	12-27-16	1031 0	50	TVIOTINIS DO	y 5 110015 1V	14110
OA.	USUAL OCC		KIOB, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or	r foreign country)	50_	12. CITIZEN	OF	
lone	during most of	working life, even if retired)		00			2 4 4 A	COUNTRY?	
3. F	ATHER'S NAM	AE		14. MOTHER'S MAIDEN	NAME		UNA		
	II.	- With - 1 - 1 7		A7: (C = = 1 = = 3 3				
5. V	AS DECEASE	V Mitchell DEVER IN U.S. ARMED	FORCES? [16. SO CIAL	17. INFORMANT	Cockell		ADDRESS		-
Yes,	no or unknown	(If yes, give wor or dote	es of service) SECURITY NO.	Morgan Mit	tahall	2610	Roma	ma Arro	
_	N O B.			E OF DEATH	ccuerr	501		rs Ave,	
CERTIFICATION	DISEASES RISE TO TH UNDERLYI OTHER SIG	, osthenio, etc. If meons mplicotion which coused antecedent · CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) SING CONDITION LAST. II SINIFICANT CONDITIONS DEATH BUT NOT RE IR CONDITION CAUSING	S (B) FE ANY, GIVING DUE TO CONTRIBUTING CLATED TO THE	atty metamo p ph	osis of	liver			
. 1	9A. DATE O		NOTION FOR WHICH OPERATION	Yes			NDINGS CON SES OF DEAT		
MEDIC	JNDERLYING	L CAUSE WAS OR CONTRIB- JSE OF DEATH. (Month) (Doy) (Yea	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.) (Hour) 21E. INJURY OCCURRED	, in or about 21C. WHERE olfice bldg., INJURY OCCU			ve exact locat	ion)	
	(APPROX.)		m. WHILE AT NOT	WHILE					
		VER'S Charles	Inquiry Inspection A	de Homicide CHIEF MEDICA	L EXAMINE	nined monn	er 🗌	DATE SIGNE	
	BURIAL CRI	(y)	23C. NAME of CEMETERY		23D. LOCATION		his and		e)
244	Buria		9-67 Mt. Calver	ry Cem	Balti	more,	Maryla	and DRESS	
14A	DATE REC'D	OPT 1 7 1007	240, NAME OF REGISTRAR			U			0
		1001 7 (120)	(15 1/ Pt 34 1/4 1/1. 10 th	Kelson Fu	meral	nome	1340 V	alnoun	D



FUNERAL DIRECTOR: IMPORTANT

	OP	7 000	BALTIMORE CITY	HEALTH DEPARTM	MENT	67. 9888
BIRTH NO.	6/	988	SE CERTIFICA	TE OF DEA	TH Registered No	. 07. 3000
M.E. CASE NO. 1. NAME OF DEC (Type or Print)				2. 0	10-15-67	11: 15 0
FULL NAME OF HOSPITAL OR INSTITUTION	of (If not in hospital oddress or locolio ent Hospital ivision Stre	or institution,	give street	A. USUAL RESIDEN A. STATE Marylan C. CITY OR TOWN Baltimo D. STREET ADDRESS	(If outside city fimits, will	e RURAL and give township)
Baltim	ore, Marylan	d 21217		909 Car	lton Avenue	
Female	6. RACE Negro	7. MARRIED, Separa	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lest Mathematical)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of working life, even if retired)		EBUSINESS OR INDUSTRY 1ployed	Marylan		12. CITIZEN OF WHAT COUNTRY?
	chard Hall				ty Ware	
Yes, no or unknown	Ever in U. S. Armed For (It yes, give wor or dote	es of service)	SECURITY NO.	William	Henson 9	O9 Carrollton Av
DISEASES (LEADING TO DEATH not mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES DR CONDITIONS, if e above cause (A) G CONDITION last.	the disease, death.)	(8) DUE TO	yocard	rial Infanction	
E TO THE D	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 198, CONWAS PER	ATED TO TH IT. IDITION FOR V		20 A. AUTOPSY? (Y	es or No) 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DIING CAUSE OF	21 B hom etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21 C. WHER INJURY OF	E DID (If in Boltin	nore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ile At Not Whi	te 🗀	DID INJURY OCCUR?	
that (I) (we)	d fram the causes sta	d alive an			and that in(my) (aur) o	10-15-67 19 spinian death accurred an the dat
23A, SIGNATU	regove I	Feny	M.D. Att	ending Med.	tor Stoff X	10-15-67
NAME (1	REGORIO C		1900 M.D.	1514 Div	rision Street	(City, town, or county) (State)
Burial		-67 Mt	. Auburn Ce		Baltimore	, Maryland
/S 150-REV. 3/1/	CT 17 1967 (Cub 8	2. Fallowna	Kelson	Funeral Home	



4	-2	-5	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
IMPORTANT	or his assistant if Also, if the direc	re of any kind; (4)	attendance on th Imed or final dispo
FUNERAL DIRECTOR: IMPORTANT	ief medical examiner	dy burns; (3) A fracture physician who pro	ician was in regular he remains are embal
FUN	approved by the ch	fany nature; (2) Bo I (except where th); and (6) No phys se obtained before t
	This certificate must be the body was released	shows: (1) An accident o was D.O.A. at a hospita	deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.

CP CP	OOOO BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 67	9889 CERTIFICA	TE OF DEATH	Registered No.	67 9889
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
	11			
3. PLACE OF DEATH IN BALTIMORE MARYLAN	MANKINS	A LISTIAL RESIDENCE (Where	deceased lived If i	6:45 P
or react of bearing in saminary manier.				maintain residence belove outlingshould
FULL NAME OF (If not in hospital or inst	itution, give stieet	MARTHUM	9	1
HOSPITAL OR oddiess or location) (NSTITUTION		C. CITY OR TOWN (If outside	le city limits, write	RURAL and give town this
		BALTIMOR	- 6	18-
20 0 111		D. STREET ADDRESS (If ion	ol, give location)	
Gro Img H.	3P.	8120 2001	NOTON	ST Apr 14
D. SEK D. KACE	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years t birthday)	If Under 1 Yr. If Under 24 His Months: Doys Hours Min.
	DOWED, DIVORCED (specify)		5 9	Monms Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B, 1	- L			12. CITIZEN OF
done during most of working life, even if retired)	- 11 -	12		WHAT COUNTRY?
7 4 0 0 8 6 0 - 1	4 Home	GOLDSBORD - N.		434
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Unknow		Ida KING		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	1 . 11 11	2 144 18 22 1	Cou. SEVINGTY
NU	245-09-3209	JANIEL N. N.	201/103	1/10.00
18. 4 20 1 1	CAUSEO	FDEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTL				
LEADING TO DEATH	(A)	LYPOTENSIUN		of weeks
(This does not mean the made of dying heart failure, asthenia, etc. It means the d	g, e.g., DUE TO			
injury ar camplication which caused death	1.)	. To M was	N. a / 1	James Have
ANTECEDENT CAUSES	(B)	00011900000		7-XIC/10-0
DISEASES OR CONDITIONS, if ony,	giving	COUD		
rise to the obove couse (A) statis	ng lhe (C)	3 60 /	*********	- JWEEKS - FARCTION YOUR
UNDERLYING CONDITION last.				
z II				
OTHER SIGNIFICANT CONDITIONS CONTR				
DISEASE OR CONDITION CAUSING IT.		TOO A ALIVOROUS (V N. V.	200 15 452	THOMAS CONSTRUCTOR
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	AUSES OF DEATH?
W 21A ACCIDENT WAS HAIDER VINCE	1019 BLACE OF INTERNAL	405	400	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	ttr in Boltimo	re City, give exact location)
DEATH (notify medical examine)	etc.)			
21D. TIME (Month) (Doy) (Yeo) (Ho		21 F. HOW DID INJUR	Y OCCUR?	
(APPROX)	While At Not While			
	Work At Work		A 148	
22. 1 certify that (1) (this hospital) atte	ended the deceosed from		67 10	10/15 1967
that (i) (we) last sow the deceased oli	ve on	19 6) ond that	in (my) (our) op	inion deoth accurred on the de
ond hour and fram the causes stated of	bave. (V) (We) (did (did not) v	iew the body ofter death.		
23A. SIGNATURE				23B. DATE SIGNED
Lavid & She	M.D. Atte	ending Med. St	off [a	10-15-67
23C BHYSICIANS	Phy		iys.	10-15.61
NAME (Type)	+)	23D. ADDRESS	1 1	
DAVIS R. Shatril	, M.D.	Univ 1) M	de Is	15 6.
24A, BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (C	City sown, or county) (State)
DEMOVAL (Specify)	Both Tahons	2 B	who m	0
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
00T 1 W 400T	O A O TAD	Mars Sam PA	1/ 1:	38 n Gilmon (O
nc r (1201 ()	Level E. Jaksey M.	1 mosmily	22,0-	21.91.01
V\$ 150-REV. 1/1/65	7		1	

A Marie C. There was no down Jan 1500 The state of the same of the same you good they 15 miles of the Carlo Section 21

ST.	ORGO BALTIMORE CIT	Y HEALTH DEPARTMENT		0000
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	67 9890
M.E. CASE NO. 1, NAME OF DECEASED OF THE COLUMN STATES OF PRINTS	S. M. BERNAK	DE. 2. DATE ANI	S 1 967	15.19 nm
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where	deceased lived. If institu	tion; residence before odny ssion)
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	Maryland, E	Baltimore	
INSTITUTION	h	C. CITY OR TOWN (If outs	side city limits, write RUR/	AL and give township
2 (CHURCH HOME	E & HOSPITAL		urol, give location)	
		3/8 S. Man	deira St.	
M. 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	7/24/01	ost birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of world done during most of working lite, even if retired)		111. BIRTHPLACE Stote or foreig	on country)	CHIZEN OF WHAT COUNTRY
Retired 13. FATHER'S NAME	Crown Cork & Seal	14. MOTHER'S MAIDEN NAM	Mankome	Mayland
Daniel C	elins	Mary E	Jover	0
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war or date	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	213-01-4818	Mrs. Margaret M	. Collins	318 S. Maderia St
18. A S A S CONDITION ON		OF DEATH	14	ONSET AND DEATH
DISEASE OR CONDITION DIE	(A)	Heart failus	e after	30 lm
(This does not mean the made of heart failure, asthenia, etc. It means		n.h.l.	- 0-	
injury at camplication which caused	CVG	down nul awho	resection	
DISEASES OR CONDITIONS, if	DUE TO		***************************************	
rise Ia the above couse (A) UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING	ATED TO THE		1	
	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND IN CERTIFYING CAUSES	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	(218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exocl locotion)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX)	While At Not Wh			1
22. 1 certify that (1) (this hospito) ottended the deceased from	0 / 9 1	967 10 10	19 57.
that (I) (we) lost saw the decease	ed olive an 10/15	19 67 and the	t in (my) (our) opinion	death occurred on the date
	ted obove. (1) (We) (did) (did not)	view the body after deoth.		
23A. SIGNATURE			Staff	B. DATE SIGNED
23 C. PHYSICIAN'S	Charm Ph	ys. Director	Phys.	10/13/0/
NAME (Type)	depson/ M.D	Church 1	forme 4/0	ton Balx
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CI	REMATORY 24D. LO	CATION (City, to	own, or county) (State)
Burial 10-19-1	967 Sacred Heart	Bal	imore County	Maryland
OCT 17 1967	1258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS O7 Eastern Ave.
VS 150-REV. 1/1/65	MPOON C' ARROW IN		7	71 20000111 2100

AND THE RESERVE AND ADDRESS OF THE PARTY OF Attended to the second second March faille a 4 . 1. Contract of the Contract of th Level fields T = 12 and to Life Title

FUNERAL DIRECTOR: IMPORTANT

C-462	BALTIMORE CIT	Y HEALTH DEPARTMENT		000
ARTH NO. 67 9	891 CERTIFICA	TE OF DEATH	Registered No.	67 9831
A.E. CASE NO.	OUL CERTIFICA		D 110118 OF BEATH	
NAME OF DECEASED			D HOUR OF DEATH	0/7
Minnie (lark		Ucto	ber 13, 1	967 11:56p M.
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceosed lived. If it TY	stitution: residence before admission)
FULL NAME OF (II not in hospital or institu	ution awa steed	A. STATE B. COUNT		
HOSPITAL OR oddress or location)	orion, give sneet	C. CITY OR TOWN (If out	side city limits, write	RURAL and give towaship)
INSTITUTION		Baltimore	,	27-15
Dalia (D . 10 1			urol, give location)	02/10
2416 Brianwood Road				
		2416 Brianwo		
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)		ost birthdoy)	Months Doys Hours Min.
	Parried	10/5/1882	85	
. USUAL OCCUPATION (Give kind of work 10 B. KIT			gn country)	12. CITIZEN OF
e during most of working lile, even if retired)		0 111	, ,	WHAT COUNTRY?
Housewife		Baltimore, 114. MOTHERS MAIDEN NAM	aryland	USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
John Cross		Roberc	a Keiner	
	16. SOCIAL	17. INFORMANT		ADDRESS
Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war or dates at ser	vice) SECURITY NO.			
No	None	Mr. Thomas J.	Jank 2416	Brianwood Rd.
18. (4		OF DEATH	0	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	A	4.0 G		
(This does not meen the mode of dying,	e.g., DUE TO	ite Coronary T	nrombosis	
heart failure, asthenia, etc. It means the dis	sease,			
injury at camplication which coused death.)	Chy	onic Cardiac	P. Comonon	
ANTECEDENT CAUSES	DUE TO		a Coronar	Y
DISEASES OR CONDITIONS, if ony,	giving	Insufficiency	_	
rise la the abave couse (A) stating	the (c) Cer	rebral and Gen	eral	
UNDERLYING CONDITION last.	Art	eriosclerosis		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED T	O THE			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.		FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street,	office bldg., INJURY OCCUR?		o original designation of the control of the contro
DEATH (notily medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not Whi			
	Work L At Work		67	
22. I certify that (I) (this hospital) atten			9 67 _{to} Oc	tober 13, 19 67
that (I) (we) lost saw the deceased alive	o an Oct. 13	19 67 and the	ot in (my) (aur) opi	nion dooth accurred on the dat
and haur and from the causes stated abo				
23A. SIGNATURE	vee (i) (me) (ala) (ala nat)	view the bady after death.		loss BATE GIGNES
1 1 1		/	c. u	23 B. DATE SIGNED
Benait Coher.		tending Med. Director	Stoll Phys.	10-16-67
23C.PHYSICIAN'S		23D. ADDRESS		
NAME (Type) Bernard J. (Cohen	3501.St. Pau	Street	
	, M.D.	Baltimore, M	3.21218	
BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY of CE	REMATORY 24D. LO	CATION (C	ity, town, or county) (State)
REAAOVAI (Spacify)	ACTIVITIES OF CENTERERS OF CE			iry, lowing or coolings
REMOVAL (Specify)			M	1 1
Burial 10/17/167	0 0	emetery Bal	timore, Ma	ruland
Burial 10/17/167		emetery Bal	timore, Ma	ryland Address
0 1 1 10/1-/11		emetery Bal 25C. FUNERAL DIRECTOR John A. Moran		ryland Address

BANKS TO THE STATE OF Thursday and the surror

M-620	BALTIMORE CITY	HEALTH DEPARTMENT		67 0000
BIRTH NO. 67 9	892 CERTIFICA	TE OF DEATH	Registered No.	01 3032
M.E. CASE NO. 1, NAME OF DECEASED			D HOUR OF DEATH	
(Tues at Print)	COBA	(1)		0/5/0
PLACE OF DEATH IN BALTIMORE MARYLAND	ECCA	III LISUAL RESIDENCE (When	BER 14 19	16/ 7 / M. Institution: residence before admission
S. FEACE OF DEATH IN BACILINORS, MARIEAND		A. STATE B. COUN	TY	- verification residence belove consistion
FULL NAME OF (If not in hospital or institut	ion, give street	6809 GOUGH	FOT M	D.
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
110 - 11		12 ALTIMORE		46-00
34 BON SECOURS HO	SPITAL	D. STREET ADDRESS (If	rurol, give location)	
A Serie Cerecura .		6809 GOUG	SH ST.	
	RIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE LILITE XXX	WED, DIVORCED (specify)		lost birthdoy)	Tribining Doys Tribinis
A. USUAL OCCUPATION (Give kind of work 108, KIN			gn country)	12. CITIZEN OF
one during most of working life, even if retired)		0		WHAT COUNTRY?
Housewife		BALTO.		USA
A FATHERS NAME		14. MOTHER'S MAIDEN NAM		
DHILIP STEINBE	CG	CAROLINA	4 Oppenhei	тел
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	11	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of serv	security No.	Mr. Charles Mus	ena 3522 (hesterfield Ave
No	CANCE		0,00))22 (
18. 670,2	CAUSE O	FUEAIH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7.	01-1-0	A	1.1
(This does not meon the made of dying,	(A) 12	nesentere Her	nyrene	Unteriors
heart lailure, asthenia, etc. It means the dise	ase,	masenteru Ahr	who size	
injury ar camplication which caused death.)	D.	itmidis sy	1. 100	. ,
ANTECEDENT CAUSES	DUE TO	winder say	some e ch	marine
DISEASES OR CONDITIONS, if any, gi		er for at in y	dondrem	- power
rise to the obove cause (A) stating UNDERLYING CONDITION lost.	lhe (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
TO THE DEATH BUT NOT RELATED TO				
DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltima	re City, give exocy locohon)
OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street, or	ffice bldg., INJURY OCCUR?		
2				
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While Work At Work			
22. I certify that (I) (this hospital) attended that (I) (was lost sow the deceased alive and hour and from the causes stated above	ed the deceased from	014. 6	067 10 00	9. 14 10 67.
the (1) Property and the spirit of the same of the sam	Act. 111. 9.	15 PM 12		
that (I) was last sow the deceased alive	on OO O		at In(my) (our) ap	inion death occurred on the dote
ond hour and from the causes stated above	e. (I) (We) (did) (did not)	riew the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
Don Sus	Me M.D. Att	ending Med.	Stoff Phys.	Oct. 14. 1967
23C.PHYSICIAN'S		23D. ADDRESS		00.14.1101.
NAME (Type)	HA M.D.	R. SE	COURS 1	HOSDITAL.
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	J. 1. 1		
REMOVAL (Specify)	C. IVAINE OF CENTERERS OF CR		OCATION	Sily, Iowii, or county) (3101e)
Burial 10/18/'67	Western Cemeter	ry Bal	timore. Mo	ruland
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	y Bal John A. Mor	an 3000-1	E. Baltimore St.
OCT 17 1967 (PO 6	Fr. On MA	COMM A. HOL	211 2000 1	
(C. 150 PEV 1/1/45	-, NUMBER			



FUNERAL DIRECTOR: IMPORTANT

ype or Prin	HEL STEVI	E 1 / S			AND HOUR OF DEATH	9:70
	F DEATH IN BALTIMORE M					1.00 A
FULL NA	ME OF (If not in hospital	or institution, give street	46	MARYLAND	DUNTY f outside city limits, write	RURAL and give township)
4	14				WNDES AU	IE NUE.
SEX	White	7. MARRIED, NEVER MAI WIDOWED, DIVORCED WIDOWEP	D (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
one during n	OCCUPATION (Give kind of wo	rk 108. KIND OF BUSINESS O	OR INDUSTRY	MARYLANG		12. CITIZEN OF WHAT COUNTRY? AMERICAN
FATHER!	SNAME			14. MOTHER'S MAIDEN		#PIBELCHIO
Amo		61		LUCKIECII	+ SHIPLEY	()
. Was Dec es, no or un	eosed Ever in U. S. Armed Fo known) (If yes, give wor or do	les of service) 1 6. SOCIAL SECURIT		MICHHEL	STEVENS	ADDRESS ALTIMORES 3933 LOWDES, AU
heart for	LEADING TO DEATH aes not mean the made o pilure, osthenia, etc. It meon or complication which cause ANTECEDENT CAUSE SES OR CONDITIONS, if	f dying, e.g., s the diseose, d death.) S ony, giving	(B) COR	PULMUMALE US ASTUMAT	030 03 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9 weeks
DISEAS	aes not mean the made of piture, osthenia, etc. It mean or complication which cause ANTECEDENT CAUSE (ES OR CONDITIONS, if to the above couse (A) (ALYING CONDITION last. SIGNIFICANT CONDITIONS HE DEATH BUT NOT REL	f dying, e.g., s the diseose, d death.) S ony, giving stating the CONTRIBUTING ATED TO THE	OUE TO	PUL MUWALE		9 weeks
DISEAS	aes not mean the made of piture, osthenia, etc. It means or complication which causes ANTECEDENT CAUSE (ES OR CONDITIONS, if to the above couse (A) RLYING CONDITION last.	f dying, e.g., s the diseose, d death.) S ony, giving stating the CONTRIBUTING ATED TO THE	(B) COR DUE TO	PUL MUWALE	· (CU3	FINDINGS CONSIDERED AUSES OF DEATH?
DISEAS rise In UNDER OTHER TO TI DISEAS 19A. DA 21A. AC OR COR OR COR DEATH	aes not mean the made of piture, osthenia, etc. It means or complication which causes ANTECEDENT CAUSE (ES OR CONDITIONS, if to the above couse (A) RLYING CONDITION last.	f dying, e.g., s the disease, d death.) S ony, giving stating the CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPER REFORMED	(B) COR DUE TO (C) STATT	PUL MUWALE US ASTYMAT	r No) 208. IF YES, WERE IN CERTIFYING C.	
DISEAS rise for UNDER OTHER TO THE DISEAS 19A. DA 21A. ACO	aes not mean the made opiture, osthenia, etc. It means to complication which cause: ANTECEDENT CAUSE SES OR CONDITIONS, if to the above cause (A) ELYING CONDITION last. ILYING CONDITION Last. SIGNIFICANT CONDITIONS HE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING (CONTRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Day) (Year	f dying, e.g., s the disease, d death.) S ony, giving stating the CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPER RFORMED 21 B. PLACE OF I home, form, focte	(B) COR DUE TO (C) STATY RATION INJURY (e.g., i ory, street, o	PUL MUNALE 20 A. AUTOPSY? (Yes of NO	r No) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
DISEAS rise in UN DER OTHER TO THE DISEAS 21A. ACC OR CON DEATH 21A. ACC OR CON OF INJU (APPRO) 21A. SIG	aes not mean the made opiture, ostheria, etc. It means to complication which causes antecedent CAUSE SES OR CONDITIONS, if the above cause (A) ELYING CONDITION last. SIGNIFICANT CONDITION SHE DEATH BUT NOT RELE OR CONDITION CAUSING TE OF OPERATION 198. COLORN WAS PER COLORN	f dying, e.g., s the disease, d death.) S ony, giving stating the CONTRIBUTING ATED TO THE 1T. NDITION FOR WHICH OPER RFORMED 21B. PLACE OF 1 home, form, foctetc.) (Hour) 21E. INJURY OC White At Work Work Work	(B) COR DUE TO (C) STATI (A) While A Work (A) Work (A) M.D. Att. (B) COR (B) COR (B) COR (C) STATI (C) STATI (A) Cor (C) STATI (A) Cor (A) Cor (B) Cor (C) STATI (C) STATI	PUL MUNALE 20 A. AUTOPSY? (Yes of NUmary occur) in or obout 21C. WHERE DIE ffice bldg., INJURY occur 21F. HOW DID 10/08/67 19/08/70 view the bady ofter deo ending Med. birector [23D. ADDRESS]	INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? One City, give exact locohon) 19 6 Olnion deoth accurred on the

D. W. G. L. D. March

THE WHICH MEMORIAL HOWITAL BALTINGE

3933 LOWWOLS BUTTONE

55-51-50 29-24 langerer p 4.4

AN REYLAND OF おかいなからか ASSESSMENT CALLS

ENERGERING MITTERS (0) A-MOD COM-A

STALL OF THE STALL MICHARL STRUCKS AND STRUCK

COMMERCIAL SERVICES STREETS

COE PULMURALA

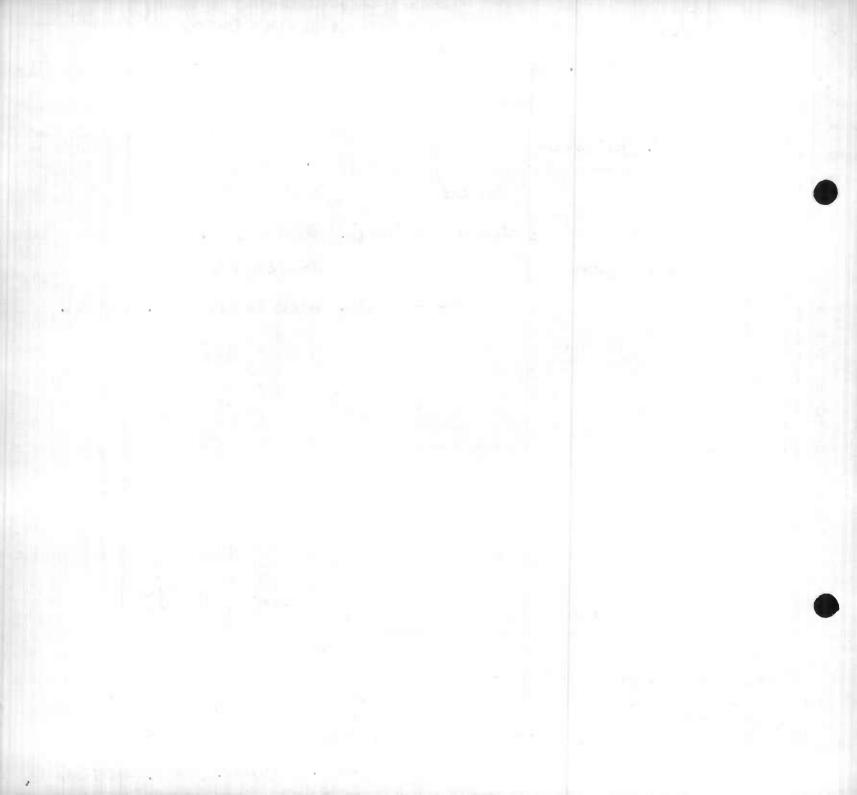
STATUS ASTRONATIONS

10/05/67

10/15

Cases c. Chimaco

ALTIMORE CITY HEALTH DEPARTMENT IN NO. 67 9894 CERTIFICATE OF DEATH Registered No. 1. CASE N
DAME OF DECEASED TO FREET AD HOUR OF DEATH October 14, 1967 S. IS A: N October 14, 1967 S. IS A: N October 14, 1967 S. IS A: N LACE OF DEATH IN BALTIMORE, MARKLAND FULL NAME DF S. East Avenue D. STREET ADDRESS GIT root, give location) 247 S. East Avenue D. STREET ADDRESS FOR CONDITION IS A VENUE D. STREET ADDRESS FOR GOOD AND A RESIDENCE (Specify) MALIFORM D. STREET ADDRESS GIT root, give location) 247 S. East Avenue D. STREET ADDRESS FOR GOOD AND A RESIDENCE (Specify) Manual DEATH P. Age lin years Months: Doys Hours Min. P. Age lin years Months: Doys Hours Min. Min. P. Age lin years Months: Doys Hours Min. Months: Doys Invested Months: Doys Hours Min. P. Age lin years Months: Doys Invested Months: Do
ALCO DEATH IN BALTIMORE, MARRIED PLACE OF DEATH IN BALTIMORE, MARRIAND A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution, residence before odmission) A. STATE A. STA
JULL NAME DF (II not in hospited or institution, give sweet oddiess or location) 247 S. East Avenue Jet (In not in hospited or institution, give sweet oddiess or location) 247 S. East Avenue Jet (In not in hospited or institution, give sweet oddiess or location) 247 S. East Avenue Jet (In not in hospited or institution, give sweet oddiess or location) 247 S. East Avenue Jet (In not in hospited or institution, give sweet oddiess or location) 247 S. East Avenue Jet (In not in hospited or institution, give sweet oddiess or location) 247 S. East Avenue Jet (In not in hospited or institution, give sweet oddiess or location) Jet (In not in hospited or institution, give sweet oddiess or location) Jet (In not in hospited or institution, give sweet oddiess or location) Jet (In not in hospited or institution, give sweet oddiess or location) Jet (In not in hospited or institution, give sweet oddiess or location) Jet (In not in hospited or institution, give sweet oddies of sweet) Jet (In not in hospited or institution, give sweet oddies of sweet) Jet (In not in hospited or institution, give sweet oddies of sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or in literal or institution, give sweet or does of sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or institution, give sweet) Jet (In not in hospited or i
ULL NAME DF (If not in hospitel or institution, give sheet and difference offices or location) 247 S. East Avenue 247 S. East Avenue D. STREET ADDRESS (If rurel, give location) 247 S. East Avenue EX (S. RACE (MIDOWED, DIVORCED Ispecify) MIDOWED, DIVORCED Ispecify) Married D. STREET ADDRESS (If rurel, give location) 247 S. East Avenue EX (S. RACE (MIDOWED, DIVORCED Ispecify) Married D. STREET ADDRESS (If rurel, give location) 247 S. East Avenue EX (S. RACE (MIDOWED, DIVORCED Ispecify) MIDOWED, DIVORCED Ispecify) Married D. STREET ADDRESS (If rurel, give location) 247 S. East Avenue EX (S. RACE (MIDOWED, DIVORCED Ispecify) Married D. STREET ADDRESS (If rurel, give location) 247 S. East Avenue EX (S. RACE (MIDOWED, DIVORCED Ispecify) Married D. STREET ADDRESS (If rurel, give location) 247 S. East Avenue 12. LITZEN OF (WITH NO. 12. LITZEN OF WHAT COUNTRY) WHAT COUNTRY WHAT COUNTRY WHAT COUNTRY WHAT COUNTRY WHAT COUNTRY MIDOWED, DIVORCED Ispecify) MIDOWED, DIVORCED Ispecify) Married D. STREET ADDRESS (If rurel, give location) 247 S. East Avenue 12. LITZEN OF WHAT COUNTRY
C. CITT OR TOWN (II outside city limits, write RURAL and give lownship) 247 S. East Avenue 248 S. East Avenu
C. CITY OR TOWN (II outside city limits, write RURAL and give township) 247 S. East Avenue 248 S. East Avenu
Baltimore D. STREET ADDRESS (If rurol, give locotion) 247 S. East Avenue EX
D. STREET ADDRESS (If rurol, give locotion) 247 S. East Avenue D. STREET ADDRESS (If rurol, give locotion) 247 S. East Avenue D. STREET ADDRESS (If rurol, give locotion) 247 S. East Avenue D. STREET ADDRESS (If rurol, give locotion) 247 S. East Avenue D. STREET ADDRESS (If rurol, give locotion) 247 S. East Avenue D. STREET ADDRESS (If rurol, give locotion) 247 S. East Avenue D. STREET ADDRESS (If rurol, give locotion) 247 S. East Avenue D. STREET ADDRESS (If rurol, give locotion) 247 S. East Avenue D. STREET ADDRESS (If rurol, give locotion) D. ADTE OF BIRTH P. ADTE OF BIRTH P. AD GE (In yeors lost birthday) D. ADTE OF BIRTH P. AD GE (In yeors lost birthday) D. ADTE OF DEATH (In yeors lost birthday) D. STREET ADDRESS (If rurol, give locotion) D. ADTE OF DEATH (In yeors lost birthday) D. ADDRESS D. STREET ADDRESS (If rurol, give locotion) D. ADTE OF BIRTH P. AD AD GE (In yeors lost birthday) D. STREET ADDRESS (If rurol, give locotion) D. ADTE OF DEATH (In yeors lost birthday) D. STREET ADDRESS (If rurol, give locotion) D. ADTE OF DEATH (In yeors lost birthday) D. STREET ADDRESS (If rurol, give locotion) D. ADDRESS (If rurol, give locotion) D. ADDRESS (If rurol, give locotion) D. STREET ADDRESS (If rurol, give locotion) D. ADDRESS (If rurol, give locotion) D. ADDRESS (If rurol, give locotion) D. STREET ADDRESS (If rurol, give locotion) D. ADDRESS (If rurol, give locotion) D. ADDRESS (If rurol, give locotion) D. STREET ADDRESS (If rurol, give locotion) D. STREET ADDRESS (If rurol, give locotion) D. ADDRESS (If rurol) D. ADDRESS (If rurol) D. ADDRESS (If rurol, give locotion) D. ADDRESS (If rurol) D. ADDRESS
S. RACE 7. MARRIED. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months) Days Mounts Municed Muni
USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Warnied USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Gray foreign country Gleitsman Funriture G. Baltimone, Md. ISA Anthony Pearman Was Decessed Ever in U. S. Armed Forces? In Usual few work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) II G. SOCIAL SECURITY NO. 216. MOTHER'S MADEN NAME IA. MOTHER'S
WIDOMED, DIVORCED (specify) Married Widomed, Divorced (specify) Married Wish of working life, even if relived) Chaufeur Fathers Name Anthony Pearman Was Decessed Even in U. S. Armed Forces? Into or unknown! (If yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follow, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. DITHER SIGNIFICANT CONDITION Solling in the UNDERLYING CONDITION To THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. Jan. Accident Was Performed Was Performed 10. SOCIAL SECURITY NO. 216-07-5443 Mrs. Martha Pearman 247 S. East Ave. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (A) OVO YAQ Y Q CECLUS 10 M Secure Years ONE TO DUE
USUAL OCCUPATION (Give kind of work) Bushel occupants of working life, even if retired) Chauffeur FATHER'S NAME Anthony Peaman Was Deceased Ever in U. S. Armed Forces? Ano or unknown! (If yes, give wor or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sholing the UNDERLYING CONDITIONS, if any, giving rise to the above cause (A) sholing the UNDERLYING CONDITION SCONTRIBUTING DISEASE DR CONDITION Scontributing COUNTRY: 11. BIRTHPLACE (Stote or foreign country) 11. BIR
Co. Baltimore, Md. What country? Chauffeur Gleitsman Furniture (o. Baltimore, Md. ISA Anthony Pearman Was Deceased Ever in U. S. Armed Forces? In or or unknown! (If yes, give wor or dotes of service) No DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION lost. DISEASE OR CONDITION Sol. DISEASE OR CONDITION Sol. ANTECEDENT CAUSES DISEASES OR CONDITION Sol. DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION C
CAUSE OF DEATH (It) is does not mean the mode of dying, e.g., heart failure, asthemic, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Set. INTERVAL BETWEEN ONSET AND DEATH (B) AVEVIO - SC Levos 1 DISEASE OR CONDITION Iss. CAUSE OF DEATH (C) VO YIA Y Y OCC / US 1 O N SET AND DEATH (B) AVEVIO - SC Levos 1 DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Set. (B) AVEVIO - SC Levos 1 DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING TO THE DISEASE DR CONDITION FOR WHICH OPERATION WAS PERFORMED WAS UNDERSTORD TO THE DISEASE OF TO THE DISEASE OF TO THE BOTTON TO TO TO THE DISEASE DR CONDITION COURS TO THE BOTTON TO THE DISEASE DR CONDITION COURS TO THE BOTTON TO THE DISEASE DR CONDITION COURS TO THE BOTTON TO THE
Anthony Peaman Was Deceased Ever in U. S. Armed Forces? In or unknown (If yes, give wor or doles of service) Was Deceased Ever in U. S. Armed Forces? In or unknown (If yes, give wor or doles of service) Was Deceased Ever in U. S. Armed Forces? In or unknown (If yes, give wor or doles of service) It security Nd. 216-01-5443 Mrs. Martha Peaman 247 S. East Ave. CAUSE OF DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION (S.) UNDERLYING CONDITION (S.) II DITHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. Date Of OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED Nome, form, foctory, street, office bldg., [INJURY (e.g., in or obout 21C, WHERE DID Nome, form, foctory, street, office bldg., [INJURY OCCUR?]
Anthony Peaman Was Deceased Ever in U. S. Armed Forces? In or unknown (If yes, give wor or doles of service) Was Deceased Ever in U. S. Armed Forces? In or unknown (If yes, give wor or doles of service) Was Deceased Ever in U. S. Armed Forces? In or unknown (If yes, give wor or doles of service) It security Nd. 216-01-5443 Mrs. Martha Peaman 247 S. East Ave. CAUSE OF DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION (S.) UNDERLYING CONDITION (S.) II DITHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. Date Of OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED Nome, form, foctory, street, office bldg., [INJURY (e.g., in or obout 21C, WHERE DID Nome, form, foctory, street, office bldg., [INJURY OCCUR?]
Wos Decosed Ever in U. S. Armed Forces? In or or unknown) (If yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. 216-01-5443 Mrs. Martha Pearman 247 S. East Ave. INTERVAL BETWEEN ONSET AND DEATH (This does not mean the made of dying, e.g., heart failure, ashlenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stoling the UNDERLYING CONDITION lost. 10 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONDITI
SECURITY NO. 216-01-5443 Mrs. Martha Pearman 247 S. East Ave. INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving fise to the above cause (A) stoling the UNDERLYING CONDITION lost. ID THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITIONS OF INJURY (e.g., in or about 21C. WHERE DID Nome, form, foctory, street, office bildg., INJURY OCCUR? (If in Boltimore City, give exact locohon) for contributing conditions of the composition of the property
No 216-01-5443 Mrs. Martha Pearman 247 S. East Ave. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., head foliule, astherio, etc. II means the disease, injury or complication which coursed death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stoling the UNDERLYING CONDITION lost.
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heat failure, asthenio, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION (ost.) I) DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg,, INJURY OCCUR?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean lhe made al dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION lost.
LEADING TO DEATH (This does not mean the made at dying, e.g., heart foilure, asthenic, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR?) (A) COVO NACY Y OCCUSION BENUE (YEM) ANTECEDENT CAUSE ON BENUE (YEM) (B) AVIEVIO -SC. PLUS I (C) DUE TO (B) AVIEVIO -SC. PLUS I (C) AVIEVIO -SC. PLUS I (B) AVIEVIO -SC. PLUS
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID CONTRIBUTING CAUSE OF Dome, form, foctory, street, office bldg, INJURY OCCUR?
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stoling the UNDERLYING CONDITION lost. II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B-CONTRIBUTION CONTRIBUTION CONTRIBUTION (A) STORY (Yes or No.) 19A-DATE OF OPERATION 19B-CONTRIBUTION (A) STORY (Yes or No.) 20A-AUTOPSY? (Yes or No.) 21A-ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) 21A-ACCIDENT WAS UNDERLYING CAUSE OF (If in Boltimore City, give exact location) 21B-PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR?
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the (C) UNDERLYING CONDITION lost.
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the (C) UNDERLYING CONDITION lost.
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the (C) UNDERLYING CONDITION lost.
rise to the abave cause (A) stoling the UNDERLYING CONDITION lost.
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR?
TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID or CONTRIBUTING CAUSE OF Comp. form, foctory, street, office bldg, INJURY OCCUR?
TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID or CONTRIBUTING CAUSE OF Comp. form, foctory, street, office bldg., INJURY OCCUR?
DISEASE DR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 10me, form, foctory, street, office bidg., INJURY OCCUR?
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPRDX.) While At Work At Work
22. I certify that (1) (this hospital) attended the deceased from Man 1958 to 10/17 1962
that (1) (we) lost sow the deceased alive on 10/7 and that in (my) (our) opinion death occurred on the do
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE
M.D. Attending D Med. Stoff
Phys. Director Phys. 10/17/6
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
Dr. Phas. Flores M.D. 3:23 Factores AUR-Ra Ho Mil 21224
BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, todan, or county) (Stole)
REMOVAL (Specify) Busing 1 10/17/1/2 M 1 1 M Cemetery Baltimore, Maryland
L DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
HERRICAL TO THE TOTAL TO THE CONTRACT OF THE C
John A. Moran, Inc. 3000 E. Baltimora St



HOSPITAL OR INSTITUTION odd	timore, Maryland not in hospitol or institutions or location) 5118 Cordel	es P. Pucci on, give street ia Ave.	A. STATE A. USUAL RESIDENCE (Where deceosed lived. If i a. STATE B. COUNTY Md. C. CITY OR TOWN (II outside city limits, write Baltimore D. STREET ADDRESS (If rurol, give locotion) 5118 Cordelia Ave.		
FULL NAME OF (If r odd INSTITUTION odd INSTITUTION	5118 Cordel	ia Ave.	A. STATE B. COUNTY Md. C. CITY OR TOWN (Il outside city limits, write Baltimore D. STREET ADDRESS (If rurol, give locotion)		
SEX 6. RACE Female OA. USUAL OCCUPATION (Clone during most of working life,	5118 Cordel	ia Ave.	C. CITY OR TOWN (II outside city limits, write Baltimore D. STREET ADDRESS (If rurol, give locotion)	RURAL and give township!	
Female OA. USUAL OCCUPATION (Colone during most of working life,	7. MARR	IED, NEVER MARRIED	D. STREET ADDRESS (If rurol, give location)	G-11	
Female OA. USUAL OCCUPATION (Colone during most of working life,	WIDO				
one during most of working life,		WED, DIVORCED (specify) Widow	B. DATE OF BIRTH July 14, 1893 9. AGE (In yeors lost birthdoy) 74	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired) Seamstress Clothing		11. BIRTHPLACE (Stole or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Salvatore Salmeri			Rosario Russo		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO.			17. INFORMANT ADDRESS		
No No	Ae wat or doles of selat	security No. 215-01-1123	Mrs. Sadie Charch, 5118 Co	ordelia Ave.	
CITIES ACCIDENT WAS LOT OR CONTRIBUTING OF DEATH (notify medical edges)	elc. Il meons the dise which coused deoth.) ENT CAUSES OTIONS, if ony, given couse (A) stoling flow lost. Il ON DITIONS CONTRIBUTION NOT RELATED TO NOT RELATED TO NO CAUSING IT. IN 19B. CONDITION F WAS PERFORMED NDERLYING AUSE OF	the (C)	n or obout 21C. WHERE DID (II in Baltimo	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location)	
OF INJURY (A PPROX.)		While At Not While Work Not Work	le		
ond hour ond from the 23A. SIGNATURE	the deceased olive	e. (1) (We) (did) (did not) v	ond that in (my) (our) op view the body ofter death.		
24A. BURIAL CREMATION, REMOVAL (Specily) Burial	24B. DATE 24 10/19/67	C. NAME of GEMETERY of CRI	EMATORY 24D. LOCATION (C	(Stotel	

VS 150-REV. 1/1/65

· Taranta d'ann a commun And a second sec The second secon Land of the second the second of the second of the last

BIRTH NO. M.E. CASE NO.	67 9	1200	TE OF DEATH	Registered Na.	67 9896
1. NAME OF DECEA! (Type or Print)		Colton N (Carlton	octob	er 14, 1967	3:05 P
FULL NAME OF HOSPITAL OR INSTITUTION VE	(If not in hospital or i	nstitution, give street	Maryland C. CITY OF TOWN (IF A	YTML	institution: residence before admission
Ba.	ltimore, mary	land 21218	1021 North	Broadway	·
		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	6/30/94	If Under 1 Yr. If Under 24 H. Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN done during most of working life, even if retired) Fireman Maryland Can Co			North Carolin	12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John Mc C:	rimmon		Clareann -		
(Yes, no or unknown) (If	er in U. S. Armed Forces yes, give wor or dotes o	service) SECURITY NO.		rans Hospita	
Yes :	3/27/18- 7/7/	19 228-12-84-19	Baltimore, M	aryland 212	INTERVAL BETWEEN
DISEASE	onary, far-	ONSET AND DEATH			
heart failure, as injury or compli	meon the mode of dy thenio, etc. It meons the cotion which coused de TECEDENT CAUSES	ring, e.g., DUE TO	advanced, active		months
OTHER SIGNIFIC TO THE DEA DISEASE OR CO		ITRIBUTING D TO THE	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
	WAS PERFOR	MED	Yes	Yes	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTION DEATH (notify me		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	ne City, give exoct locotion!
_	Aonth) (Doy) (Year) (I	Hour) 21E. INJURY OCCURRED While At Not While At Work			
that (I) (we) Io and hour and fr	st saw the deceased o	obove. (M (We) (did) (did hot)	1 19 67 and	that in (my) (aur) ap	
23A. SIGNATURE Lakeer - led De			ending Med.	October 16, 1967	
23C.PHYSICIAN'S NAME (Type	ZAHEER		VA Hospital 3900 Loch Ray	Stoff Phys. X	alto. Md 21218
24A. BURIAL CREMA REMOVAL (Spec	10-19-67	BALBIMORE NATI	EMATORY 24D.	LOCATION	City, town, or county) (Stote) MARYLAND
25A. DATE REC'DO	7 1967 (T	B. NAME OF REGISTRAR	CHARLES R. 1		ADDRESS ISON AVE.

Control of the contro - 1 . The payor like to pres process of a new party to be a self-constructed and the self-constructed to t - . antir dies bus 70-5 ,4 1-47

THE RESIDENCE OF THE PARTY OF T

The set of the properties in The contraction of the Commence of the March of the march The state of the s

			7 989		CEDILLE	TE OF DEATH	Registered No	
BIRTH NO	-				CERTIFICA			
Type or	OF DECE		.1.		1 .		ND HOUR OF DEAT	
Type of	7	HOMAS	HAR	RDIN	61			967 0025
. PLAC	E OF DEAT	TH IN BALTIMO	RE MARYLAN	ID		4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admissi
51111		116 1		th. At	W . 4	Md.	Baltimore	
HOSPI	NAME OF	oddress or	hospitol or insti r locotion)	itution, gi	ve street			e RURAL ond give township)
INSTIT	TUTION	NUERSI	74 24	MSPI	TAL	Baltimo		00-00
-		1022011	, , , , ,				f rurol, give location)	00-00
	38					UNKNOU	N	
. SEX	-	6. RACE	7. MA	ARRIED. I	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. If Under 24 h
- 1	M	Cau	· Wi	mar.	DIVORCED (specify)	UNKNOWN	75 +	If Under 1 Yr. If Under 24 + Months Doys Hours Min.
		PATION (Give kin orking life, even if		IND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	INKNE	_		INKX	OWN	UNKNOWN		UNKNOWN
	IER'S NAM					14. MOTHERS MAIDEN NA	AME	
	INKNE		1.5		1/ 20 5/11	17. INFORMANT		4000000
es, no o	unknown)	Ever in U.S. Ar (II yes, give wor	med roices: i or dotes of se	ervice)	16. SOCIAL SECURITY NO.	I/- INFORMANT		ADDRESS
LNKA	NOWN				UNKNOWN	NONE		
18.	400	7. /			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITI	ON DIRECTLY	Υ				ONSET AND DEATH
	L	LEADING TO	DEATH		(A) Bila	r. carotid occlus	sions -	75 days
		of mean the m			DUE TO	ounlate on (L).	about 70%.	on (P)
	ir lollure, c							
Inju	ry or comp	olicotion which	meons the di caused deoth.				1 1.	
Inju			caused deoth.		(B) Arter	ioscleratic (-1	1 disease	hnknown
	A	NTECEDENT C	caused deoth.	1,)			1 disease	hnknown
DIS	EASES OI	NTECEDENT C R CONDITION obove cous	Caused deoth. CAUSES IS, if ony, e (A) stolin	giving	(B) Arter		1 disease	hnknown
DIS	EASES OI	NTECEDENT C	Caused deoth. CAUSES IS, if ony, e (A) stolin	giving	(B) Arter		1 disease	hnknown
DIS rise UN	EASES OF The DERLYING	NTECEDENT C R CONDITION obove cous CONDITION I	caused deoth. CAUSES IS, if ony, e (A) stotin	giving	(B) Arter DUE TO		1 disease	hnknown
DIS rise UN	EASES OF The DERLYING	NTECEDENT C R CONDITION obove cous CONDITION I	caused deoth. AUSES IS, if ony, e (A) stotin last.	giving giving the	(B) Arter DUE TO		1 disease	hnknown
DIS rise UN	EASES OF CONTROL OF CO	NTECEDENT C R CONDITION obove cous CONDITION I ICANT CONDITION ATH BUT NO	caused deoth. AUSES IS, if ony, e (A) stolin last. TONS CONTRI	giving ng the	(B) Arter DUE TO	iosselerotic (-1		hnknown
DIS rise UN	EASES OF CONTROL OF CO	NTECEDENT C R CONDITION obove cous CONDITION I FICANT CONDITION ATH BUT NO CONDITION CAI OPERATION 115	caused deoth. AUSES IS, if ony, e (A) stolin last. TONS CONTRI	giving the BUTING TO THE	(B) Arter DUE TO		No) 208. IF YES, WER	knknown RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISI	EASES OF THE DESEASE OF CO.	NTECEDENT C R CONDITION obove cous CONDITION I FICANT CONDITION ATH BUT NO CONDITION CAI OPERATION W	caused deoth. AUSES IS, if ony, e (A) stolin ast. TONS CONTRI TONS CONTRI TONS CONTRI TONS CONTRI TONS CONDITION AS PERFORME	giving ng the RIBUTING TO THE	(B) Arter DUE TO (C)	20A. AUTOPSY? (Yes or h	No) 208. IF YES, WER IN CERTIFYING C	knknown RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISTRIBUTION OTHER TO	EASES OF THE DESEASE OF COLORS	NTECEDENT C R CONDITION obove cous CONDITION I I ICANT CONDIT ATH BUT N CONDITION CA OPERATION 15 W T WAS UNDER	caused deoth. AUSES IS, if ony, e (A) slotin last. TONS CONTRI DI RELATED USING IT. PB. CONDITION AS PERFORME	giving giving the BUTING TO THE N FOR WED	(B) Avte	iosselerotic (-1	No) 208. IF YES, WER IN CERTIFYING C	hnknown RE FINDINGS CONSIDERED
DISI nise UN OTH TO DIS 19A.	EASES OF THE DESEASE OF CONTRIBUTION	Dicotion which INTECEDENT C R CONDITION OBOVE COUS CONDITION I PLANT CONDITION I ATH BUT NO CONDITION IS W T WAS UNDER	caused deoth. AUSES IS, if ony, e (A) stolin last. TIONS CONTRI DIT RELATED USING IT. PB. CONDITION /AS PERFORME	giving giving the BUTING TO THE N FOR WED	(B) Arter DUE TO (C) (HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street	20A. AUTOPSY? (Yes or h	No) 208. IF YES, WER IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISI tise UN OTH TO DIS 19A. 21A. OR DEA	EASES OF THE DESTANCE OF THE D	NTECEDENT C R CONDITION obove cous CONDITION I I ICANT CONDIT ATH BUT N CONDITION CA OPERATION 15 W T WAS UNDER	caused deoth. AUSES IS, if ony, e (A) slotin last. TONS CONTRI DI RELATED U SING IT. PB. CONDITION AS PERFORME LYING OF	giving ag the BUTING TO THE N FOR WED	(B) Avte	20A. AUTOPSY? (Yes or h	NO) 20B. IF YES, WER IN CERTIFYING (If in Bottim	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISI	EASES OF THE DE SEASE OF CONTRIBUTE HOSTING	NTECEDENT C R CONDITION obove cous CONDITION I PLANT CONDITION I ATH BUT NO CONDITION IS W T WAS UNDER! TING CAUSE medical exomine (Month) (Doy)	caused deoth. AUSES IS, if ony, e (A) stolin last. TIONS CONTRI OT RELATED U SING IT. PB. CONDITION (AS PERFORME	giving the state of the state o	(B) Arter DUE TO (C) (HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or the control of the con	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? LEXIUS 21F. HOW DID IN	NO) 20B. IF YES, WER IN CERTIFYING (If in Bottim	RE FINDINGS CONSIDERED CAUSES OF DEATH? There City, give exect locotion)
DISI iise UN OTH TO DIS 19A. OR OF I CAPE	EASES OF THE DESTANCE OF THE DESTANCE OF CONTRIBUTION OF THE DESTANCE OF THE D	INTECEDENT CORRECTION OBOVE COUSTON OBOVE COUSTON OF COUSTON OF CONDITION OF CONDITION OF CONDITION OF COUSTON	caused deoth. AUSES IS, if ony, e (A) slotin last. TIONS CONTRI DIT RELATED USING IT. PB. CONDITION (AS PERFORME LYING OF et) (Year) (Hou	giving the state of the state o	PLACE OF INJURY (e.g., form, foctory, street, or street) Not Which Operation	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? LEXING 21F. HOW DID IN	NO) 208. IF YES, WER IN CERTIFYING O	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISI iise UN OTH TO DIS 19A. OR OF I CAPE	EASES OF THE DESTANCE OF THE DESTANCE OF CONTRIBUTION OF THE DESTANCE OF THE D	INTECEDENT CORRECTION OBOVE COUSTON OBOVE COUSTON OF COUSTON OF CONDITION OF CONDITION OF CONDITION OF COUSTON	caused deoth. AUSES IS, if ony, e (A) slotin last. TIONS CONTRI DIT RELATED USING IT. PB. CONDITION (AS PERFORME LYING OF et) (Year) (Hou	giving the state of the state o	(B) Arter DUE TO (C) (HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or the control of the con	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? LEXING 21F. HOW DID IN	NO) 20B. IF YES, WER IN CERTIFYING (If in Bottim	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISI HISE UN OTH OTH OTH OR OR OR OF I (APF	EASES OF THE DERLYING THE DESCRIPTION OF THE DESCRI	INTECEDENT CORRECTION OBOVE COUSTON OBOVE COUSTON OF COUSTON OF CONDITION OF CONDITION OF CONDITION OF COUSTON	caused deoth. AUSES IS, if ony, e (A) stolin last. HONS CONTRI USING IT. PR. CONDITION AS PERFORME LYING OF (Year) (Hou	giving the BUTING TO THE PROPERTY OF THE PROPE	(B) Artel DUE TO (C) (HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, orm, form) STREET INJURY OCCURRED At At Work e deceased from	20A. AUTOPSY? (Yes or h in or about 21C, WHERE DID office bidg., INJURY OCCUR? LEXIUG 21F. HOW DID IN ile & UNKNOW	NO) 208. IF YES, WER IN CERTIFYING (If in Bottim	RE FINDINGS CONSIDERED CAUSES OF DEATH? Occ City, give exact location)
DISI iise UN OTH TO DIS 19A. 21A. OR DEA 21D. OF I	EASES OF THE DE LEASE OF CONTRIBUTION OF THE DE LEASE OF CONTRIBUTION OF THE DE LEASE OF CONTRIBUTION OF THE LEASE	INTECEDENT CORRECTION OBOVE COUS CONDITION INTERPRETATION INTERPRE	caused deoth. AUSES IS, if ony, e (A) stolin last. TIONS CONTRI OT RELATED USING IT. PB. CONDITION AS PERFORME LYING OF city (Year) (Houndary) 1967 aspitol) otte	giving the still UTING TO THE N FOR WED 21 B. home etc.)	(B) Arter DUE TO (C) (HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, foctory, foctory, form, focto	20A. AUTOPSY? (Yes or Min or obout 21C. WHERE DID office bldg., INJURY OCCUR? LEXING 21F. HOW DID IN UNKNOW OCT. 5 9 19 67 ond 1	OD 208. IF YES, WER IN CERTIFYING OUT OF THE NUMBER OF THE	RE FINDINGS CONSIDERED CAUSES OF DEATH? Occ City, give exact location)
DISI rise UN OTH TO DIS 19A. 21A. OR DEA 21D. OF I (APP	EASES OF THE DE LEASE OF CONTRIBUTION OF THE DE LEASE OF CONTRIBUTION OF THE DE LEASE OF CONTRIBUTION OF THE LEASE	INTECEDENT CORRECTION OBOVE COUSE CONDITION INTERPRETATION INTERPR	caused deoth. AUSES IS, if ony, e (A) stolin last. TIONS CONTRI OT RELATED USING IT. PB. CONDITION AS PERFORME LYING OF city (Year) (Houndary) 1967 aspitol) otte	giving the still UTING TO THE N FOR WED 21 B. home etc.)	(B) Arter DUE TO (C) (HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, foctory, foctory, form, focto	in or about 21C, WHERE DID office bldg., INJURY OCCUR? LEXIUS 21F. HOW DID IN	OD 208. IF YES, WER IN CERTIFYING OUT OF THE NUMBER OF THE	RE FINDINGS CONSIDERED CAUSES OF DEATH? Occ City, give exact location)
DISI rise UN OTH TO DIS 19A. 21A. OR DEA 21D. OF I (APP	EASES OIL IO THE DERLYING HER SIGNIF THE DE SEASE OR C DATE OF ACCIDEN CONTRIBUT STATE HOSTING TIME INJURY PROX.) I certify to the contribution of the contributio	INTECEDENT CORRECTION OBOVE COUSTION OBOVE COUSTION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF COUSTING CAUSE Medical examine (Month) (Doy) That (I) (this holds sow the defent the cousties of cous	caused deoth. AUSES IS, if ony, e (A) slotin last. TIONS CONTRI DIT RELATED USING IT. PR. CONDITION (AS PERFORME LYING OF ett) (Year) (Hou	giving the still UTING TO THE N FOR WED 21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED NOI What work is a deceased from the control of t	in or obout 21C. WHERE DID office bldg. INJURY OCCUR? LEXING 21F. HOW DID IN UNKNOW 9 19 6 ond 1	OD 208. IF YES, WER IN CERTIFYING (If in Bottim TON AVENUAL IJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? OCT 19 47 opinion deoth accurred on the
DISI iise UN OTHO TO TO TO TO OR DEA OF I (APF	ACCIDEN CONTRIBUTION OF THE DESEASE OR CONTRIBUTION OF THE DES	Dicotion which NTECEDENT C R CONDITION Obove cous CONDITION I PROPERTY CONDITION OPERATION T WAS UNDER TING CAUSE medical exomine (Month) (Doy) That (I) (this h lost sow the d from the cous	caused deoth. AUSES IS, if ony, e (A) slotin last. TIONS CONTRI DIT RELATED USING IT. PR. CONDITION (AS PERFORME LYING OF ett) (Year) (Hou	giving the still UTING TO THE N FOR WED 21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED NOI What work is a deceased from the control of t	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? LEXING 21F. HOW DID IN OCT. 5 9 19 67 ond 1 view the bady after death tending Med. Director Director	OD 208. IF YES, WER IN CERTIFYING OUT OF THE NUMBER OF THE	RE FINDINGS CONSIDERED CAUSES OF DEATH? Oct 10 19 47 Opinion deoth accurred on the o
DISINISE UN OTHOR TO DIS	EASES OIL IO THE DERLYING HER SIGNIF THE DE SEASE OR C DATE OF ACCIDEN CONTRIBUT STATE HOSTING TIME INJURY PROX.) I certify to the contribution of the contributio	INTECEDENT CORRECTION OBOVE COUSTION OBOVE COUSTION OF CONDITION OF COUSTION OF CONDITION OF COUSTION OF CO	caused deoth. AUSES IS, if ony, e (A) slotin last. TIONS CONTRI DIT RELATED USING IT. PR. CONDITION (AS PERFORME LYING OF ett) (Year) (Hou	giving the still UTING TO THE N FOR WED 21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED NOI What work is a deceased from the control of t	20A. AUTOPSY? (Yes or Min or obout 21C. WHERE DID office bidg., INJURY OCCUR? LEXI NG 21F. HOW DID IN UNKNOW 9 19 67 ond 19 view the bady after death tending Med. Director 12 23D. ADDRESS	NO) 208. IF YES, WER IN CERTIFYING O	DCT 10 19 4 Dipinion deoth accurred an the
DISINING WIND WIND WIND WIND WIND WIND WIND WIND	EASES OF THE DERLYING THE DERLYING THE DESTANCE OF THE DESTANC	T WAS UNDERLING CAUSE medical exomine (Month) (Doy)	caused deoth. AUSES IS, if ony, e (A) slotin last. TIONS CONTRI DIT RELATED USING IT. PR. CONDITION (AS PERFORME LYING OF ett) (Year) (Hou	giving the still UTING TO THE N FOR WED 21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED NOI What work is a deceased from the control of t	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? LEXING 21F. HOW DID IN OCT. 5 9 19 67 ond strending Med. Director [23D. ADDRESS	NO) 208. IF YES, WER IN CERTIFYING O	Definition death accurred an the
NOTH TO DIS 19A. 21A. O DEA	EASES OF THE DERLYING THE DERLYING THE DESTANCE OF CONTRIBUTION OF THE DESTANCE OF THE DESTANC	T WAS UNDERLING (I) (this helps sow the defendence of the court of the	caused deoth. AUSES IS, if ony, e (A) stolin last. HONS CONTRI USING IT. PR. CONDITION (AS PERFORME LYING OF (Year) (Hound of the control of the contro	giving the BUTING TO THE PROPERTY OF THE PROPE	THICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or the street, ore	20A. AUTOPSY? (Yes or Min or obout 21C. WHERE DID office bidg., INJURY OCCUR? LEXI NG 21F. HOW DID IN UNKNOW 9 19 67 ond 19 view the bady after death tending Med. Director 12 23D. ADDRESS	NO) 208. IF YES, WER IN CERTIFYING O	DCT 10 19 4.7 Dipinion deoth accurred an the 123B, DATE SIGNED 10/10/67
NOTH TO DIS 19A. 21A. O DEA	EASES OF THE DE LEASE OF CONTRIBUTION OF THE LEASE	T WAS UNDERLING (I) (this helps sow the defendence of the court of the	caused deoth. AUSES IS, if ony, e (A) stolin last. HONS CONTRI USING IT. PR. CONDITION (AS PERFORME LYING OF (Year) (Hound of the control of the contro	giving graphe EIBUTING TO THE 21B. home etc.) 21E. Whill Work work work on	THICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or the street, ore	20A. AUTOPSY? (Yes or Min or obout 21C. WHERE DID office bidg., INJURY OCCUR? LEXI NG 21F. HOW DID IN UNKNOW 9 19 67 ond 19 view the bady after death tending Med. Director 12 23D. ADDRESS	NO) 208. IF YES, WER IN CERTIFYING O	Definition death accurred an the
DISI mise UN OTHORY TO DOR 19A. 21A. 21A. 23C.	A EASES OF THE DERLYING THE DESCASE OR CONTRIBUTION OF THE DESCASE OF THE DESC	T WAS UNDER TING CAUSE Medical examine (I) (this has sow the defended by the couse of the couse	caused deoth. AUSES IS, if ony, e (A) slotin last. TIONS CONTRIBUTELATED USING IT. PB. CONDITION (AS PERFORME LYING OF en) (Year) (Houndary of the condition of the condit	giving graph the state of the s	PLACE OF INJURY (e.g., form, foctory, street, or street) Not What is a street of the	20A. AUTOPSY? (Yes or Min or obout 21C. WHERE DID office bidg., INJURY OCCUR? LEXI NG 21F. HOW DID IN UNKNOW 9 19 67 ond 19 view the bady after death tending Med. Director 12 23D. ADDRESS	NO) 208. IF YES, WER IN CERTIFYING O	RE FINDINGS CONSIDERED CAUSES OF DEATH? OCT 10 19 47 opinion deoth accurred an the
DISI iise UN OTHOUSE UN TO DO TO TO DO TO TO DO TO	A EASES OF THE DERLYING THE DESCASE OR CONTRIBUTION OF THE DESCASE OF THE DESC	Dicotion which INTECEDENT C R CONDITION Obove cous CONDITION I I ICANT CONDITION OPERATION IS T WAS UNDER TING CAUSE medical exomine (Month) (Doy) That (I) (this h lost sow the d from the cous	caused deoth. AUSES IS, if ony, e (A) slotin last. TIONS CONTRI USING IT. PR. CONDITION (AS PERFORME LYING OF et) (Year) (Hou 1967 aspitol) ofte deceased alive ses stated ab A. A. PT. (258. N. 258. PT. (258. N.	giving mg the libuting the libu	THICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or the street, ore	20A. AUTOPSY? (Yes or Min or obout 21C. WHERE DID office bidg., INJURY OCCUR? LEXI NG 21F. HOW DID IN UNKNOW 9 19 67 ond 19 view the bady after death tending Med. Director 12 23D. ADDRESS	NO) 208. IF YES, WER IN CERTIFYING O	DCT 10 19 4 Dipinion deoth accurred an the

VS 150-REV. 1/1/65

Land 2 King the A HOLD HAR HOLD HAR HOLD BURNEY

a hospital and

67	9900 BALTIMORE CITY	HEALTH DEPARTMENT	67 9900
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	0, 3300
A.E. CASE NO. NAME OF DECEASED	B. Jr.	2, DATE AND HOUR OF DEATH	
Tuno es Brint)	ese-Benjamin-	October 14, 196	7 (9:35 P N
CERTIFICATE	MENDED	A. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY Maryland	stitution: residence before odmission)
FULL NAME OF (If not in hospital or ins HOSPITAL OR address or location)		C. CITY OR TOWN (If autside city limits, write	RIIPAI and gius townshifts
Veterans Admini 3900 Loch Raven	stration Hospital	Baltimore D. STREET ADDRESS (Hf rural, give location)	10-01
A / Baltimore, Mary	land 21218	2507 W. Fayette Street	
	MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify) MATTIED	B. DATE OF BIPTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
		8/7/07	
OA, USUAL OCCUPATION (Give kind of work 108, fane during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	rcy Hospital	South Carolina	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
B.		TO See Houseles	
Reese Jacobs Sr. 5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dates of	1 6. SOCIAL	Elise Hennesly	ADDRESS
		Records	
Yes 8/21/42 to 8/5/		VAH, Baltimore, Md. 21218	
DISEASE OF CONDITION DIRECTI	LY W	zReserved xx/66:z	INTERVAL BETWEEN ONSET AND DEATH YOUTHER
(This does not meon the mode of dyin	DIE TO	astatic Adenocarcinoma of	
heort foilure, osthenio, etc. It meons the injury or complication which coused deal	diseose, He	paticametastesis assessedary	YASNS
ANTECEDENT CAUSES	(8)	Out official of population,	
DISEASES OR CONDITIONS, if ony,		lmexTRexMadrzAdvexiaestive	
rise to the obove couse (A) state UNDERLYING CONDITION lost.		cex19532RULzresection	Years _{XZ}
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in hame, farm, factory, street, at etc.)	a ar about 21 C. WHERE DID (If in Boltimar	e City, give exact location)
21D. TIME (Manth) (Day) (Year) (He	our) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₩ OF INJURY (APPROX.)	While At Not While	e	
	Work At Wark		
22. I certify that (政 (this hospital) att			ober 14, 19 67
that 🛱 (we) lost sow the deceased al	ive on October 14,	19.67 ond that in (%y) (our) opi	nion deoth occurred an the dot
ond haur and from the couses stated a	bove. (1) (We) (did) (did yet) v	iew the body ofter deoth.	
23A. SIGNATURE			23 B. DATE SIGNED
7 0	ad Da M.D. Atte	med. Staff Phys.	10-15-67
NAME (Type)	M.D.	3900 Loch Raven Blvd, Balt	imore. Md. 21218
Zaheer-ud-Din	24C. NAME of CEMETERY OF CRE		ity, tawn, ar county) (State)
REMOVAL (Specify)			
Burial 10-19-6 25A. DATE REC'D BY HEALTH DEPT. 25B.	7 Baltimore Na		
207 1 7 1007	Crab E Tarkey MA		Laurensstreet
	CKIN -	Morton & Dyett Fun.	nome
VS 150-REV. 1/1/65			

Letter from Veterans Administration Hosp.
1-15-68 M.H.

IMPORTANI DIRECTOR: FUNERAL BALTIMORE CITY HEALTH DEPARTMENT Registered No. deceased lived. If institution: residence (If outside city limits, write RURAL opd give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) ((our) opinian death occurred on the 23B. DATE SIGNED ADDRESS

21 422391 Me parameter and a so so so to VALUE TO BELLEVILLE Salve to pulling in Thether Egit of Malment

IMPORTANT

DIRECTOR:

FUNERAL

25 BELVEST ---in policy and the

Greenhill Cem.

E, Jankey Mill

24C. FUNERAL DIRECTOR

24B NAME OF REGISTER

Waynesboro, Penn.

Bultimore, Md.

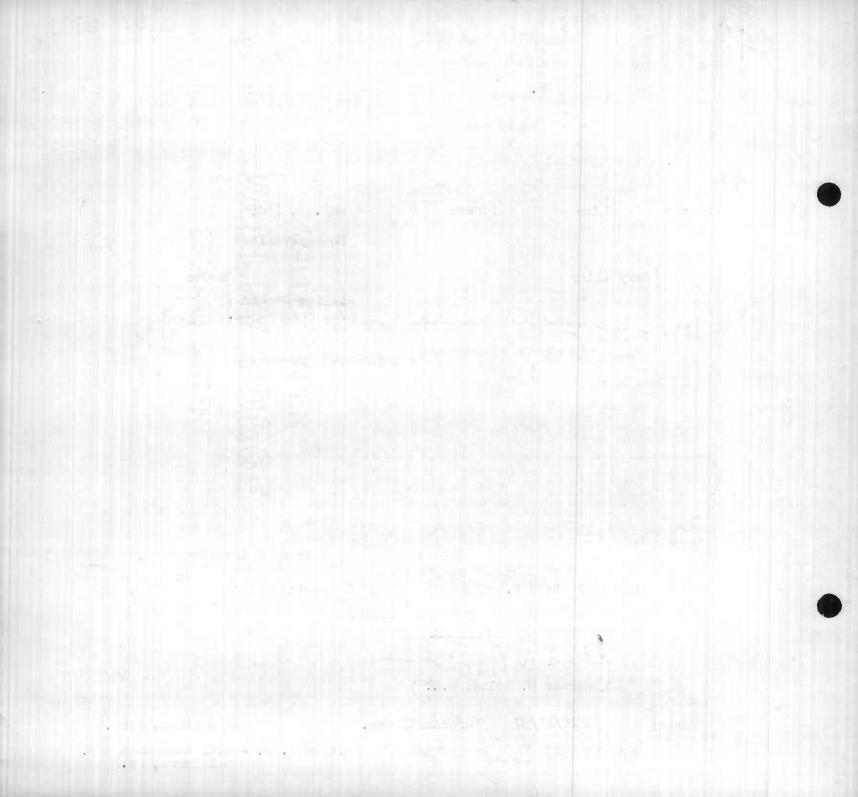
Witzke F. D. - 4101 Edmondson Ave.

10/19/67

Burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.



IMPORTAN

DIRECTOR:

FUNERAL

STAR SELF, Log SHE P.

- 151 - 151

. 2 . . . 151 15 17

(210E0) ---1

TOTALE THE TATE OF THE SERVE STORY

UCTU S. 15, 57 DCTU SR 15, 47

		0194 0.0		BALTIMORE CITY	HEALTH DEP	ARTMENT		67	000~
	H NO. CASE NO.	67 99	305	CERTIFICA	TE OF D	EATH	Registered Na.	0/	9905
1. N	AME OF DEC	EASED				2. DATE AND	D HOUR OF DEATH		
Тур	e or Print)	Norman J.	Rictor			Uct	. 12, 1967		300
3. PI	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND				deceased lived. If in	nstitution: res	sidence before odmiss
	ULL NAME O	F (If not in hospital oddiess or location		give street	Md.				
	STITUTION				C. CITY OR TO		side city limits, write	RURAL ond	give township)
La	Bon	Secours Hosp	ital			timore			6-00
1	20			DOA	D. STREET AD	Wildwood	d PRWY		
5. SI	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BI	RTH 9	AGE (In years	If Under	1 Yr. II Under 24
M		Cauc.	Wid	O, DIVORCED (specify)		1, 1900	ost birthdoyl	Months	Doys Hours Mi
		UPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign	n country)	12. CITIZI	EN OF T COUNTRY?
one	Reti	- '			Mary	land			JSA
3. F	ATHERS NA		l		14. MOTHER'S	MAIDEN NAM	A E		
		H. Rictor				Alice		7	
5. V Yes,	Vos Deceased no oi unknowi	Ever in U. S. Armed Ford (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 214-14-8180			. Rictor d Rd 21		ADDRESS
1	18.	0.7		CAUSE O		1101111101	u 100.		NTERVAL BETWEEN
	7	SE OR CONDITION DIR	ECTLY			Y	4	C	NSET AND DEATH
	DISEA	LEADING TO DEATH	ECILI	Cla	1.7 /	121 122 11	. Realu		1.00
	(This does	nol meon the mode of	dying, e.g.,	DUE TO	uu c	Per Car C	goccie	Car d	success.
	heart failure,	osthenio, etc. It meons	the diseose,	0		4	ybeclus		
		nplication which coused	deom./	in line	m Al.	anter	us los		10.000
		ANTECEDENT CAUSES		DUE TO	- resource	-0,00	le .		
		OR CONDITIONS, if		0.	1	1/2 41	Fil a		~
		e obove couse (A) G CONDITION lost.	stoting the	dons	sesual	Kearl	aum c	4.	I yra.
-	OHDERCHIN								0
NO		IFICANT CONDITIONS C DEATH BUT NOT RELA							
A	DISEASE OR	CONDITION CAUSING	Т.						
ERTIFICATION	19A. DATE OI	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOF	V (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	USES OF D	CONSIDERED EATH?
0	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer	21 B. hom etc.	PLACE OF INJURY (e.g., in e., lorm, foctory, street, of	fice bldg., INJU	WHERE DID	(If in Boltimor	e City, give	exact location)
ă	21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. F	HOW DID INJU	JRY OCCUR?		
>	OF INJURY			ile At Not Whil					
	(APPROX)		Wo	rk At Work					
1	22. I certify	that (1) (this hospital) attended ti	he deceased fram		1	960 to 0	cx 1	2 196
		last saw the decease		OCX6	1967	3	t in (my) (our) api		
				. Au			i intimy, teer, api	mun ueur	accurred on the
			ed abave) (We) (did) (did nat) v	lew the bady	after death.			
1	3A. SIGNATI	JRE (120	/			23B, DATE	
	1/1	AM D	Aris	M.D. Atte	ending s.	Med. Director	Stoff Phys.	10	-14-6
	23C. PHYSICIA		NUT		23D. ADDRESS				
	NAME (Harry B. S	cott			Med. Art	e Blde		
				M.D.					
24A.	BURIAL CRE	Specify)		AME of CEMETERY OF CRE	MATORY	24D. LO	CATION (C	ity, town, or	county) (Stat
	Burial	10/16/6	57	Druid Ridge	Cem.		Bultimore,	Md.	
		BY HEALTH DEPT.	258, NAME C	OF REGISTRAR		RAL DIRECTOR	,		ADDRESS
		DCT 1 7 1967	DO R	E, Farbusta	Witzk	e F. D.	- 4101 Edmo	ndson	
_			Make V	C' donn't					
1 2	50-REV. 1/1/	65		13 W LI LI					



4	BIRTH NO. 67 9906 CERTIFICATE OF DEATH Registered No. 67 9906
1	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	(Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY B. COUNTY
	FULL NAME OF HOSPITAL OR oddress or focotion) (If not in hospitol or institution, give street oddress or focotion) (C. CITY OF TOWN, Of obtained city limits, write RURAL and give lownship)
1	D. STREET ADDRESS (If rurol, give locotion)
	South Batimore GENERAL HOSP 526 S. BOND StrEET.
3	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 11 Under 1 Yr. If Under 24 Hrs. Months: Doys Min. Months: Doys Min.
	10A. USUAL OCCUPATION (Give kind of work 10 & KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	TAILOR COMMINGERS, MADEN NAME 13. FATHERS NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME
	Michael Szymanski Rosalie PRUCHNIEWSKI
;	15. Wos Deceosée Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT
	NO 217-07-7660 STELLA SZYMANSKI 6764 GRACELAND Aug,
3	DISEASE OR CONDITION DIRECTLY
	(This does not meon the mode of dying, e.g., healt failure, asthonia, etc. It meons the disease,
3	heoil failuie, asthonia, etc. It means the disease, injury or complication which caused death.)
5	ANTECEDENT CAUSES (B) DUE TO
3	DISEASES OR CONDITIONS, if ony, giving lise to the obove couse (A) stating the (C)
	UNDERLYING CONDITION lost.
,	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (If in Buffimore City, give exect focolions)
	OR CONTRIBUTING CALISE OF
3	DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY OCCURED White At Not Whife
3	(APPROX.) Work At Work
	22. I certify that (#) (this hospital) attended the deceased fram 7-25 1967 to 10-16 1967, that (#) (we) last saw the deceased alive an 10-16 1967 and that in (aur) apinion death occurred on the date
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death.
	23A. SIGNATURE STORE STORED 23B. DATE SIGNED 23B. DATE SIGNED 10-16-65
3	23C. PHYSICIAM'S NAME (Typef
1	SONG-Suck Chund M.D. South Batt MONE GENERAL HO. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
	Burial 10-18-67 Holy Rosary Cem. Baltimore County Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF GOISTBAR 25C. FUNERAL DIRECTOR ADDRESS TO TESTET AND THE TOTAL
1	VS 150-REV. 1/1/65



W.300

		67 990	16	BALTIMORE CITY HEAL			DE A TILL	67	9907	7
	H NO.	WED	ICAL EX	KAMINER'S C	EKTIFICA	IE OF I	DEATH Registe	ered Na		
-	NAME OF DEC	FASED				2 DATE AN	D HOUR PRONOUNC	FD DFAD		
	oe or Print)		TETTA	8. WHITE					12:15	D
3. P	LACE IN BALT	IMORE MARYLAND, W			4. USUAL RESID	DEN CE (Where	ber 14, 1967	itution: resider		
					A. STATE	Marylan	nd B. cou	INTY		
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	C, CITY OR TO	WN (If outsid	e corporate limits, write			
	21					Baltimo		1	6-1	U
	ag Bal	timore City	Hospita	1 (DO)	P. STREET ADD	Character Co.	give locotion) everton Aver	1116		
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1	Yr. If Unde	
	Female	White		ID WED	12-25	-1893	73	Manths	ays Hours	Min.
10A	USUAL OCCL	JPATION (Give kind of wor		F BUSINESS OR INDUSTR				12. CITIZEN		-
don		vorking life, even if retired) SEWIFE	140	Dm 15	NEW	VERS.	EY	WHAT	COUNTRY?	
13,	FATHER'S NAM				14. MOTHER'S M				- ,,,	
	1/0	HN BUDE	DLE		ELIZ	A T	HOMAS.			
		D EVER IN U.S. ARMEL		16. SOCIAL	17. INFORMANT		0	ADDRESS		
(Tes	No or unknown	(If yes, give wor or dot	es of service)	217073739	Mys Ca	res M.	Sanaga - 16	63/E.	3320	87.
	1B.	0,0		CAUSE	OF DEATH				NTERVAL BE	
	DISEAS	E OR CONDITION D	RECTLY						MASEL WIND	DEATH
	(This does a	LEADING TO DEATH	•		terioscle	rotic h	eart disease	2		
	heort foilure,	of meon the mode of osthenio, etc. It meon application which caused	s the discose,	DUE TO						
		NTECEDENT CAUSE		(B)						
	RISE TO TH	OR CONDITIONS, IF A		DUE TO						
z	UNDERLYIN	IG CONDITION LAST.		(C)	************************				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5		11								
ERTIFICATION		NIFICANT CONDITIONS DEATH BUT NOT RE								
TIE		R CONDITION CAUSIN								
ER.	19A. DATE OF	OPERATION 198. CON	NDITION FOR	WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No)	IN CERTIFYING CAU			
CO	2					es	16	S		
EDICA	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJUR	WHERE DID	(If in Boltimore City, gi	ive exoct loca	otion)	
MEC	21D TIME	(Month) (Doy) (Yed	r) (Hour) :	21 E. INJURY OCCURRED	215	IOW DID INJ	IRY OCCUP?			
	OF INJURY	(Nonth) (Doy) (rec			WHILE	OW DID IN	OKI OCCOK:			
				WORK AT W	ORK					
	22, 1 cert	ify that I held an	Inquiry 🗌	InspectionAu	topsy X an	d that an th	is basis, death in r	my apinlan		
	resul	ted fram: Natural co	uses X	Accident Suicid		ide 🗌	Undetermined mann	er		
		00		N . 1	CHIEF	MEDICAL EX				
	ACTUAL		1:-	hand !	ASSISTANT A				DATE SIG	SNED
	SIGNAT		c C Cn	ringate, M.D.	•			October	n 15	1067
02.6	NAME (Туре)								
	BURIAL CREATER SPECIF	1)	7-67	OAK LAWN	0	23D. [BALTO.	Nu,	unty) ((Stote)
24/		BY HEALTH DEPT.	-/	OF REGISTRAR		RAL DIRECTOR	3,,0	AD	DRESS	_
		OCT 17 1967		4 E. Farbura	(fa	The Age	la - 2334	4 64	Herso	2 88
VS	151-REV. 1/1/	65	1 0		-	11		000	1	

ESPEN-DE-ED BELLEVICH Home New Jensey ELLER THEMPS loon Beares 47073759 Ha Chine A. Brouge - 1451 E 3324 St Burnes 10-17-67 Par Lower Em. Back G. 635

67 9908

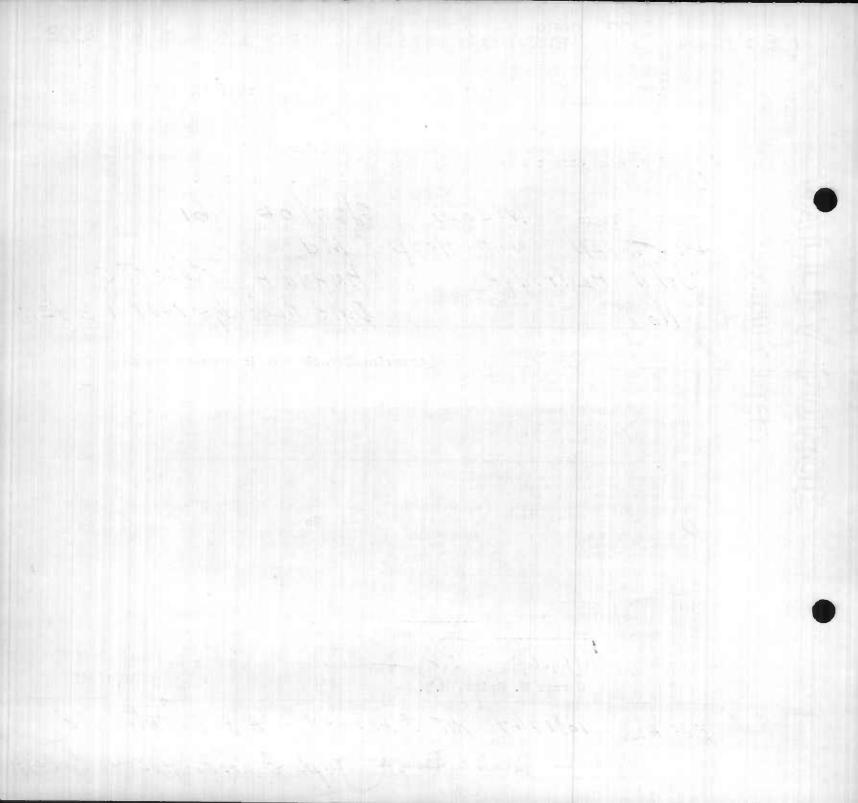
BALTIMORE CITY HEALTH DEPARTMENT

TEDICAL EXAMINER'S CERTIFICATE OF DEATH Registe

6.7 9908

BIRT	H NO.	MEDI	CAL EX	AMINER'S C	ERTIFICAT	TE OF [DEATH Registe	red Na.	0000
	CASE NO.								
1. N	AME OF DEC	CEASED				2. DATE ANI	HOUR PRONOUNC	ED DEAD	
	ELSI			GORDON		Oct	ober 15, 19		:53 P. M.
3. P	LACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE Maryla	ENCE (Where	deceased lived. If inst B. COL	INTY	perore admission/
FUL	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET			e corporate limits, write	PILIPAL and air	to township)
HO!	PITAL OR	ADDRESS OR LOCA	том)				e corporate limits, write	KUKAL ond give	b)
1143					Balti			1-	
	1418 N	. Eden Street			D. STREET ADD			,	20
(10				1418	N. Eden	Street		
5. S	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRT	H/	9. AGE (In years	Months Doys	If Under 24 Hrs.
	Female	Negro	23/1-1	8 41	2/271	06	61		
IOA.	USUAL OCC	UPATION (Give kind/of work	TOB. KIND OF		RY 11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN O	F NINTEY?
dente	during most of	working life, even if retired)	0,4	· 405D	Ma	/		WHATCO	ONTRI:
13. F	ATHER'S NAM	VE CONTRACTOR			14. MOTHER'S M	AIDEN, NAM	E 77 /	1	
	1/1/1	1 Aldr	1000		HMAI	11 A A	KODO	-1-15	
15.3	WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	1 4 //		ADDRESS	
(Yes	, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.	Mala	H/di	1/20/11	17 11	C. Ste.
	NO				2910	111-41	199611	10 11.	C GROW
	18.	21		CAUS	SE OF DEATH		/		ERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY						
		LEADING TO DEATH		(A)	ioscleroti	c Cardi	ovascular D	isease	
	heart failure	not mean the made of a, asthenia, etc. It means	the disease,	DUE TO					
	injury or co	implication which coused	geom.						
		ANTECEDENT CAUSE	S	(8)					
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO					
		NG CONDITION LAST.		40)					
S				(C)					
F	OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTION	IG					
0	TO THE	DEATH BUT NOT RE	LATED TO TI						
CERTIFICATION		F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	Y? (Yes or No)	20B. IF YES, WERE F	NDINGS CONS	DERED
S	A DAIL O	WAS PER		THE TENDENCE	No		IN CERTIFYING CAU		
	21 A EXTERNA	AL CAUSE WAS	218	PLACE OF INJURY (e.g.			(If in Boltimore City, g	ive exact locatio	n)
EDICAL	UNDERLYING	OR CONTRIB-	home,	form, factory, street,	office bldg., INJUR	Y OCCUR?	,,,		
显	UING CAL	DSE OF DEATH.							
Σ	OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OM DID INTI	URY OCCUR?		
	(APPROX.)		m. V		WHILE WORK				
	22.			(50)		d ab-a ab	in heater death in	mu aninian	
		rtify that I held an I	(PP)			. \Box	is basis, death in		
	resu	Ited fram: Natural ca	uses A	ccident Suici			Undetermined mann	ier	
	4.67114	. 1111.		7 -1-		MEDICAL EX		D	ATE SIGNED
	SIGNA		5h-	M.	D. ASSISTANT M	MEDICAL E	XAMINER X		
	EXAMI		U. Spi	the M D	ASSOCIATE A	MEDICAL E	XAMINER	10/16	/67
	NAME	(Type)		Δ		lee 7			161-4.3
	A, BURIAL CR MOVAL (Speci		23	NAME OF CEMETERY	or CREMATORY	/ 23 D. L	OCATION (City	, town, or count	y) (Stote)
F	SURIA	1 10/1	9/67	MT. CH	LYARY	A	. H. COT	NIYIK	10
24/	A. DATE REC'E	D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTO	2 0 . 0	ADDI	RESS
		OCT 17 1967	DO B	E. Fallow	1	1. 1	16 ()	11201	12/1/1
		441 4 1001	hocsel	C' domogram	Pref	J. W. C	10ckg.X	120411	(mondo

VS 151-REV. 1/1/65



C-542	BALTIMORE CITY	HEALTH DEPARTMENT	67 9909
BIRTH NO. 67 99	09 CERTIFICA	TE OF DEATH Registere	d No
M.E. CASE NO.	55 51 1111 5 71		
T. NAME OF DECEASED	a seem to	2. DATE AND HOUR OF I	
CHA CHA	MELEWSKI	15 OCT	6/1140 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			ed. If institution: residence before admission)
		· · ·)-
FULL NAME OF (If not in haspital or institution HOSPITAL OR oddress or lacotion)	, give street		
INSTITUTION			, write RURAL and give township)
UNIVERSITY HOSPITAL	BALTIMORE	BATTHOUS	006
20		D. STREET ADDRESS (If rural, give locat	tion)
30	MARGLAND	112 N, KENW	COO AUE,
	D, NEVER MARRIED	B. DATE OF BIRTH / 9. AGE (In year	ors If Under 1 Yr. , If Under 24 Hrs.
	ED, DIVORCED (specify)	2/00/12 lost birthdoy)	Manths Days Hours Min.
	AVUS)	7 2 6/13	The civity of
10A, USUAL OCCUPATION (Give kind of wark 10B, KIND (dane during most of working life, even if retired)	DE BOSINESS OK INDUSTRE	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Langer all and		BALTIMORE	145 A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.07.11
No.		2-1	
WALTER ZEBROW	SKI	FRANCES	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, na arunknawn) (If yes, give war ar dates of service)	SECURITY NO.	7.400 11	NS NB 21-1
NO	212-09-7416	HUSBAND	K. 4300 E
18. 1992	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			ONSE! AND DEATH
LEADING TO DEATH	III Da	ZITONITIS	10 days
(This does not mean the made of dying, e.g.	DUE NO		
heart failure, asthenia, etc. It means the diseas	е,		
injury ar camplication which coused death.)			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, givin	ig		== 440
rise to the above cause (A) stating th	1e (C) ME	TASTATIC CARCIA	10mg In.
UNDERLYING CONDITION lost.			U
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	NG		
TO THE DEATH BUT NOT RELATED TO	THE		
19A. DAJE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes ar No) 20B. IF YES,	WERE FINDINGS CONSIDERED
WAS PERFORMED ()	a discinon-	IN CERTIFYII	NG CAUSES OF DEATH?
	PERLITONITIS	170.	
U 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in ame, farm, factory, street, al	fice bldg, INJURY OCCUR?	Baltimare City, give exact lacation)
A DEATH (notify medical examiner)	tc.)		
21D. TIME Manth) (Day) (Year) (Haur) 2	IE. INJURY OCCURRED	21FA HOW DID INJURY OCCUR?	
OF INJURY	Vhile At Not Whit		
	Vark At Work		
22. I certify that (1) (this haspital) attended	the deceased from	1 CC T 1967 to	15 OCT 19 67.
		- 0	
that (1) (we) last saw the deceased alive an	~ ~	19(5	ur) apinian death accurred an the date
and have and from the causes stated above.	(1) (We) (did) (did not) v	iew the bady after death.	
23A. SIGNATURE	1		23 B. DATE SIGNED
	M.D. Atte	ending Med. Staff	15-100-17
Mexist Extra	Phy Phy	s. Director Phys.	1500-6/
28°C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
/	M.D.	UNITEDSITY It	250172
24A BURIAL CREATION 24B DATE	NAME of CEMETERY OF CRI	MAYORY SALES	(6)
24A. BURIAL CREMATION, 24B. DATE 24C.	TAME OF CEMETERS OF CRI	EMATORY 24D. LOCATION	(City, tawn, ar caunty) IState)
DORIAL 10/19/19 H	7) Ly 190500	YCTUS BATIL	ear Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	E QE REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
OCT 17 1967 Res 6 2.	failums.	P. Da D. PRIME L' AC	U.F. Balduna G
	donord,	DVA 8190 WS F1 281	P. DUMINORE ST.
VS 150-REV. 1/1/65			



1-3/7	BALTIMORE CITY	HEALTH DEPARTMENT		67 9910
RTH NO. 67 9	910 CERTIFICA	TE OF DEATH	Registered Na.	07 0010
LE CASE NO. NAME OF DECEASED	14 0/		D HOUR OF DEATH	
ype or Print) SOPHIA	V/24/ 13/10	nenul At	12, 1967	7
PLACE OF DEATH IN BALTIMORE, MARYLAND	VAN PIN	14. USUAL RESIDENCE (Wher		stitution; residence before admission)
		A. STATE B. COUN		
FULL NAME OF (If not in haspital at instituti	an, give street	Ma.		
HOSPITAL OR address or location)		C. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
		BAITIMORE		6-01
12 - 11 4	11	110/10/11	ural, give location)	1
123 N. Kenwood	AUC.		wood	AUE.
	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
	dowed	5/14/ 1900	67	
A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working lite, even if retired)		Paland		WITAT COUNTRY:
HOUSEWIFE B. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AF	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110	~ - ~ - ~ - ~	MR. J. VANBID	REAN 120	N. Kenwood A
18. //	CAUSE	OF DEATH	0 // / 0	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1-	2 1	ONSET AND DEATH
LEADING TO DEATH	Cm	wocardial	march	in Iter.
(This does not mean the made of dying,				- 0
heart failure, asthenio, etc. It means the disernious or camplication which caused death.)	ose,	V	000	1 2 UNA 22
ANTECEDENT CAUSES	(B) CO (onem may	4 .	3 700 11
	DUE TO	0//	1 1-1	20 -11
DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating		rosline the	and Jack	ue 3 months
UNDERLYING CONDITION last.			0	
I				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO	TING			
DISEASE OR CONDITION CAUSING IT.	Int			
19A. DATE OF OPERATION 198. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg. INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
DEATH (natify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
The Road	Work At Work			
22. I certify that (I) (this hospital) attended	d the deceased from	Q Cy	9 56 10	Wex 12 1967
that (I) (we) last saw the deceased alive	on (QCX 12	19 67 and the	at in (my) (aur) ap	nian death accurred an the da
and haur and from the causes stated obay	e. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
1/1/1000		ending Med.	Stoff	10/12/67
23C. PHYSICIAN'S	Ph		rnys.	0 1
NAME (Type)	1001	7221 5 km	Salta St	Botto wedays
	LOCK M.D.	10000	Juliu 10	o sie ryass
BURTON V.				
4A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CE	EMATORY 24D. L	OCATION (C	ity, town, or county) (State)
AA. BURIAL CREMATION. 24B. DATE 240	NAME OF CEMETERY OF CR	EMATORY 24D. LO	DEATION (C	ity, town, or county) (State)
4A. BURIAL CREMATION, 24B. DATE 240	NAME OF CEMETERY OF CE Vew CAThed	24D. LA 24D. LA 24D. LA 24D. LA 24D. LA 24D. LA 24D. LA 24D. LA 25C. FUNERAL DIRECTOR	A/T/401	ity, town, or county) (State) Pe Md ADDRESS
AA. BURIAL CREMATION, 24B. DATE 246 BURIAL (Specify) 10/16/67	NAME OF CEMETERY OF CE VCW CAThe di MOOFFEGISTEAR	24/Crus B	12/7/401	ee Md.
that (I) (we) last saw the deceased alive and haur and from the causes stated obave 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(1) (We) (did) (did not) M.D. Att	19 and the view the body after death. Tending Med. Director 123D. ADDRESS	at in (my) (aur) ap	nian death accurred an the da



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

67

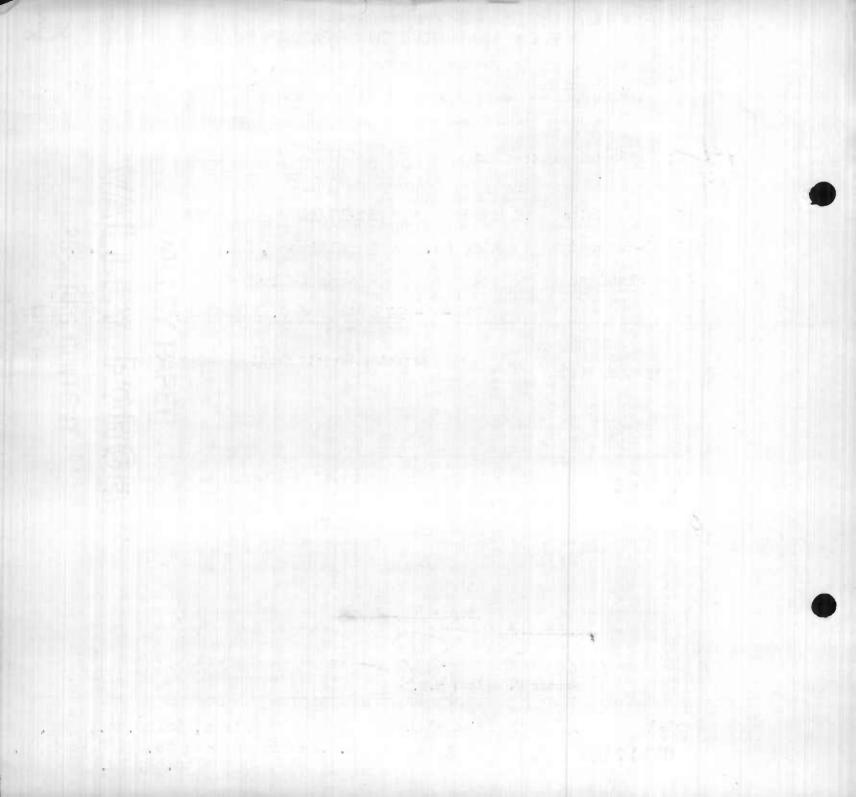
9911

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Ra. 9911

M.E. CASE NO.					
1. NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNCE	
,po at tillin	EDGA	AR C. BITTLE		October 14, 1967	12:10 P. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If insti	tution: residence before admission)
FILL NAME OF	UE NOT IN HOSBIT	AL OB INSTITUTION CIVE STREET	Ma	ryland	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOV	WN (If autside carparate limits, write	RURAL and give tawnship)
INSTITUTION			Ba	1timore	15-08
00				RESS (If rural, give lacation)	
	3962 Falls Ro	oad	39	62 Falls Road	
5. SEX	6. RACE	7. MARNED NEME IN THE D	B. DATE OF BIRT		If Under 1 Yr. If Under 24 Hrs.
Male	White	WIDOWED, DIVORCED (specify)	6/4/9	6 71	Months, Days, Hours, Min.
IOA. USUAL OCC	UPATION (Give kind of world	kTOB KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
FOR EST	warking life, even if retired)	BALTO, CITY		VA.	WHAT COUNTRY?
13. FATHER'S NAM		<i>p.</i>	14. MOTHER'S M	AIDEN NAME	
	7			9	
S. WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	,	ADDRESS
	(If yes, give war ar date			20	ADDRESS HYRTLEWOOD
NO		- 231-14-7604	EDGAI	C. BRITTLEJR	
1B. 4 5	0.0	CAUSI	E OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY			ONSET AND DEATH
Distr	LEADING TO DEATH	Arter	ioscleroti	c heart disease	
l heart failure	nat mean the made of , asthenia, etc. It means	dying, e.g., DUE TO			
injury or co	mplication which caused	deoth.)			
	ANTECEDENT CAUSE	S			
DISEASES	OR CONDITIONS, IF A	NY, GIVING DUE TO			
	NG CONDITION LAST.	TATING THE			
Z		(C)			
Ĭ	II				
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE				
H DISEASE C	R CONDITION CAUSING	G IT			
OTHER SIGNOTHER	F OPERATION 19B. CON WAS PER	IDITION FOR WHICH OPERATION		? (Yes at Nal 20B. IF YES, WERE FIN IN CERTIFYING CAUS	
_			No		
	OR CONTRIB-	21 B. PLACE OF INJURY (e.g., hame, form, factory, street,	in ar about 21 C. V	VHERE DID (If in Baltimare City, giv	re exact lacation)
UTING CAL	ISE OF DEATH.	etc.1			
21D TIME	(Manth) (Day) (Yea	in (Hour) 21E. INJURY OCCURRED	21F. H	OW DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE		
22.		m. WORK L AT W	VORK		
	tify that I held an I	nquiry Inspection X Au	rtapsy and	d that an this basis, death in m	y apinian
resu	Ited fram: Natural ca	uses X Accident Suicio	de Hamici	de Undetermined manne	or 🗍
	000	0.0	CHIEF M	EDICAL EXAMINER	
ACTUA)] - 7		EDICAL EXAMINER	DATE SIGNED
SIGNAT		M.D			0-1-1-15 1067
NAME (Type) Charles	s S. Springate, M.D.	ASSOCIATE M	TEDICAL EXAMINER	October 15, 1967
23A. BURIAL CRE	MATION, 238, DATE	23C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City,	town, ar caunty) (State)
REMOVAL (Specif	(y) 10/10	,	NE	4 4	10-
BURI		10/ 2011111		1).1 -1	
24A. DATE REC'D	BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
	DET 17 196/	Charles C. donagon	Band	I Cheminal to	Torel who A

Denied 10/1/27 EDARAGES BALTE -Bell down to the art



3	72	-		BALTIMORE	CITY HEALT	H DEPARTMENT		67	9913	
BIRT	H NO.		67 9	913 CERTIFIC	CATE	OF DEATH	Registered No	07	0010	
	AME OF DEC	EASED		CERTITIO	9/116		AND HOUR OF DEATH			
	e or Print)		oia Chon	les Eckstein				7	1/ 0	
3. I	LACE OF DEA		MORE MARYLAND	res Ecks ce III		IAL RESIDENCE (WI	ber 15,196	stitution: resid	dence before odmissi	M.
					A. STA		INTY			
	OSPITAL OR		in hospitol or institu s or location)	tion, give street		aryland				
	NSTITUTION	oddies	s of foculon/				outside city limits, write R	URAL ond g	pive lawnship)	5
	000	O D				altimore			041-4	6
(10 002	z Benn	inghaus I	Road			If rurol, give location)			
							ghaus Road			
5. S	EX	6. RACE		RIED, NEVER MARRIED OWED, DIVORCED (specify		OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months: D	Yr. If Under 24 hoys Hours Min.	
	M	W	Ma	arried	12/	16/1913	53			
	USUAL OCCU			D OF BUSINESS OR INDU	STRY 11. BIR	THPLACE (State or fo	reign country)	12. CITIZEN	OF COUNTRY?	
	agemen			ernment, U.S		Somomant	Kontueler		S.A.	
	FATHERS NAM		yst Gove	arimento, o.s		THER'S MAIDEN N	Kentucky	0,	D.A.	—
~	hamlar	M De	lando a dos			77 70				
	harles					Clara New	LETT			
Ye:	Was Deceased , no or unknown	(II yes, give	Armed Forces? wor or doles of serv	ice) 1 6- SOCIAL SECURITY NO.	17. INF	DRMANT		A	DDRESS	
	Yes	WW	II	406-01-31	30 M	rs. Marie	P. Eckste	in	(Same)	
	18. // 5	0/1		CAUS	E OF DEAT			IN'	TERVAL BETWEEN	
	DISEAS	E OR COND	THON DIRECTLY	日本の	-7 /			10	SET AND DEATH	
		LEADING TO			bute.	nujocardi	al interester	11 20	uniter	
			mode of dying, . It means the dis-			//	The second second		\$\$\$\$\$\$ *****************************	
			ch caused deoth.)	SS 7 4	2 /	0 1.	.0011	1 2		
	1	ANTECEDENT	T CAUSES	98)//	sterio,	collectie	Lear Fallel	2 2	yre	
	DISEASES O	R CONDITION	ONS, if ony, g	iving 5 TO					0	
	rise to the	obove co	ouse (A) slaling		.==					
	UNDERLYING	CONDITIO	N last.	- E 20						
_		- 11		\$ - 5						
ATION			DITIONS CONTRIB							
CAI		CONDITION		1 Cu	Tāo a	A LING BRIDG /V	1-1 200 to Van		0.11010101010	
CERTIFIC	19A. DATE OF	OPERATION	WAS PERFORMED	FOR WHICH OFERATION	20 A	· AUTOPSY? (Yes or I	IN CERTIFYING CAL	JSES OF DE	ATH?	
ER	21 A. ACCIDEN	IT WAS HAD	TENI VINIC	123 B. A. C.E. O.E. IN 1148W/		AND WHERE DIE	W. D. D.	011		
	OR CONTRIBU	TING CAU	ISE OF	home, lorm, foctory, street			(If in Baltimore	City, give e	exoct locomon?	
CA	DEATH (notily	medical exam	niner)	etc.)						
MEDICAL	OF INJURY	(Month) (Do	oy) (Year) (Hour)	21E. INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?			
2	(APPROX.)				While Work					
	22 annaidu	4ha4 /1\ /4hi	s hasaital) attans	led the deceased fram_		aug 18	19 60 to	100	1967	-
		Contract of the Contract of th								
				an Mar				nion death	accurred on the d	ate
			uses stated abo	ve, (I) (We) (did) (did n	et) view th	body after death	•			
	23A. SIGN ATU	RE.	. 1/77	/	A 44 - 1'	- / M.I	f. 11	23B. DATE		
	1	reder	uch LI	Allewer M.D.	Attending Phys.	Med. Director	Stolf Phys.	10/16	.167	
	23C. PHYSICIA NAME (T)	N°S	1		23D. AD	DRESS				
	IVAIVIE (1)	Fr	edérick .	J. Vollmer A	M.D. 61	00 York R	load			
24 A	BURIAL CRE	MATION, 24B	DATE 2	C. NAME of CEMETERY of				ly, town, or o	county) (State)
	Burial	pecily)	/18/67							
25 4		TV HEALTH	7 10/01	Dulaney Val					Md.	
234	DATE REC'D	7 1067		ME OF REGISTRAR	H -	Jenkins	& Sons Co	. 490	5 York Rd	
	0017	1 130/	Ulabell C	, donoon,	T		Balto.12,			_
15	150~REV. 1/1/6	5.5		3]			



BIRT M.E	TH NO. E. CASE NO.	9914 CERTIFICA	AL OI DEATH	
1. N	JAME OF DECEASED Je or Print) Jabelle		2. DATE AND HOUR OF DEAT	
3. P	PLACE OF DEATH IN BALTIMORE MARYLAN		4. USUAL RESIDENCE (Where deceased lived, I	
			A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital or insti HOSPITAL OR oddress or location)	itution, givo stroot	Md.	011041
	NSTITUTION		C. CITY OR TOWN (If outside city limits, write Baltimore	e RURAL and give towards
-1	+ Union Memorial Ho.	unital	D. STREET ADDRESS (If rurol, give location)	610
	Tartor memoretae no	spicial	2709 Hamilton Ave.	
5. S	/ / . , WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mir
3	emale white .	single	Feb. 24-1889 78	
	USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one	e during most of working life, even if retired)			WITAL GOOMAN
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
П	C 0 T 1			
	George B. Tylor		Isabella Buchanar	
5. Yes	Was Deceased Ever in U. S. Armod Forces? s,no or unknown! (If yos, give wer or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	1B. 1/20 /	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1	1 1 0 0 000	MAN SONSET AND DEATH
	LEADING TO DEATH		GALALI (Nest) (-)	
	(This does not meon the mode of dying		MONTH HATTING CON	RATE TO THE REPORT OF THE PARTY
	heart foilure, asthenia, etc. It means the d			
			+ 0/-	
	injury ar camplication which coused death.		VIEWS SELFANDA	
	injury or complication which coused death. ANTECEDENT CAUSES	(B) DUE TO	VIEW SCHOOLS	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	(B) DUE TO	Mys Secross	
	injury or complication which coused death. ANTECEDENT CAUSES	(B) DUE TO	ylutensum	
	injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) station UNDERLYING CONDITION last.	(B) DUE TO	ylutinsun	
NO	injury or camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) station UNDERLYING CONDITION last.	giving g lhe (C)	ylutinsum	
ATION	injury or complication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) station UNDERLYING CONDITION last.	giving g lhe (C)	ylutensum	
FICATION	injury or camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) station underlying Condition last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION	giving g lhe (C) BUTING TO THE N FOR WHICH OPERATION	TWINDLY 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WEL	RE FINDINGS CONSIDERED
RTIFICATION	injury or camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving g lhe (C) BUTING TO THE N FOR WHICH OPERATION	TWINDLY OF NO. 2018, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC	injury or camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME	giving g lhe (C) BUTING TO THE FOR WHICH OPERATION [218, PLACE OF INJURY (e.g.,	in or about 21°C. WHERE DID (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	injury or camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) station UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	giving g lhe (C) BUTING TO THE FOR WHICH OPERATION [218, PLACE OF INJURY (e.g.,	IN CERTIFYING	CAUSES OF DEATH?
CAL CERTIFIC	injury or camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the obove couse (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical oxominor)	giving g lhe (C) BUTING TO THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR?	CAUSES OF DEATH?
CAL CERTIFIC	Injury or camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) station underlying Condition last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominar)	giving g lhe (C) BUTING TO THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.!	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
MEDICAL CERTIFICATION	injury or camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminor) 21D.TIME (Month) (Doy) (Your (Hou	giving g lhe (C) BUTING TO THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21°C, WHERE DID (If in Boltin office bldg., INJURY OCCUR?	CAUSES OF DEATH?
MEDICAL CERTIFIC	Injury or camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stolin UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axominar) 21D. TIME (Month) (Doy) (Your (House of INJURY (APPROX.)	giving g lhe (C) BUTING TO THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 11 21E. INJURY OCCURRED While At Not White At Work	in or obout 21°C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	CAUSES OF DEATH?
MEDICAL CERTIFIC	injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the obove couse (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominat) 21D.TIME (Month) (Doy) (Your (House) (APPROX.)	giving g lhe (C) BUTING TO THE 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.l 21E. INJURY OCCURRED While A1 Not Whi A1 Work	in or obout 21°C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	CAUSES OF DEATH? noro City, give exoct locotion)
MEDICAL CERTIFIC	Injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominar) 21D.TIME (Month) (Doy) (Your (House of INJURY (APPROX.)) 22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased aliverage of the condition of	giving g the (C) BUTING TO THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.! 21E. INJURY OCCURRED While At Not White At Work Indeed the deceased fram	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH? noro City, give exoct locotion)
MEDICAL CERTIFIC	Injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) station underlying Condition last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiomina) 21D.TIME (Month) (Day) (Your (House) (APPROX.) 22. I certify that (I) (this hospital) attempted that (I) (we) last saw the deceased aligned hour and from the/causes stated above.	giving g the (C) BUTING TO THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.! 21E. INJURY OCCURRED While At Not White At Work Indeed the deceased fram	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH? noro City, give exact locotion) 19
MEDICAL CERTIFIC	Injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominar) 21D.TIME (Month) (Doy) (Your (House of INJURY (APPROX.)) 22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased aliverage of the condition of	giving g lhe (C) BUTING TO THE 15 PLACE OF INJURY (e.g., home, form, foctory, street, etc.] 16 21E. INJURY OCCURRED While At Not White At Work Indeed the deceased from the core. (I) (We) (Med.)	in or obout 21°C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	CAUSES OF DEATH?
MEDICAL CERTIFIC	Injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) station underlying Condition last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiomina) 21D.TIME (Month) (Day) (Your (House) (APPROX.) 22. I certify that (I) (this hospital) attempted that (I) (we) last saw the deceased aligned hour and from the/causes stated above.	giving g lhe (C) BBUTING TO THE A FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While A1 Not White A1 Work Not White A1 Not White A1 Work Not White A1 Work Not White A1 Work More an Not White A1 Work M.D. A1	in or about 21°C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ta	CAUSES OF DEATH? noro City, give exact locotion) 19
MEDICAL CERTIFIC	injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominar) 21D.TIME (Month) (Day) (Your (House of Injury (APPROX.)) 22. I certify that (I) (this hospital) attethat (I) (we) last saw the deceased aligned and haur and from the causes stated ab 23A. SIGNATURE	giving g lhe (C) BBUTING TO THE A FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While A1 Not White A1 Work Not White A1 Not White A1 Work Not White A1 Work Not White A1 Work More an Not White A1 Work M.D. A1	in or about 21°C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 10 11 11 11 11 11 11 11 11 11 11 11 11	CAUSES OF DEATH? noro City, give exact locotion) 19
MEDICAL CERTIFIC	injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) station underlying Condition last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminat) 21D. TIME (Month) (Day) (Yourl (House of Injury (APPROX.)) 22. I certify that (I) (this hospital) attemption that (I) (we) last saw the deceased aligned and haur and from the causes stated ab 23A. SIGNATURE	giving g lhe (C) BBUTING TO THE A FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While A1 Not White A1 Work Not White A1 Not White A1 Work Not White A1 Work Not White A1 Work More an Not White A1 Work M.D. A1	in or obout 21°C, WHERE DID in or obout 21°C, WHERE DID office bldg., INJURY OCCUR? 21°F, HOW DID INJURY OCCUR? ile 19 19 19 and that In(my) (aur) of tending ys. Mod. Diroctor Phys. 23°D, ADDRESS	Depinian death accurred an the
MEDICAL CERTIFIC	Injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the obove couse (A) stolin UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axominar) 21D.TIME (Month) (Doy) (Yoorl (Hounds Injury) (APPROX.) 22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased alixed and haur and from the causes stated ab 23A. SIGNATURE 23C.PHYSICAN'S NAME (Typo) Walter A. Baetjer, A. BURIAL CREMATION, 124B. DATE	giving g lhe (C) BUTING TO THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.l 21E. INJURY OCCURRED While At Not Whit Work Not White At Work Not White At Work Not White At Work Not White At Work More an At Work More an At Work M.D. At Ph	in or obout 21°C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	alto., Maryland
MEDICAL CERTIFIC	injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the obove couse (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominal) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominal) 21D. TIME (Month) (Doy) (Your (House) (APPROX.) 22. I certify that (I) (this hospital) attemption of injury (APPROX.) 23C.PHYSICIAN'S NAME (Typo) Walter A. Baetjer, A. BURIAL CREMATION, REMOVAL (Spocify)	giving g lhe (C) BUTING TO THE PROPORTION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While A1 Not White A1 Work Not White A1 Not White A1 Work Not White A1 Not White A1 Work M.D. At Ph M.D. At Ph M.D. At Ph	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR? 21°F. HOW DID INJURY OCCUR? ile	alto., Maryland (City, town, or county) (Stot)
MEDICAL CERTIFIC	injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the obove couse (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominar) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominar) 21D. TIME (Month) (Doy) (Your (House) (APPROX.) 22. I certify that (I) (this hospital) attent that (I) (we) last saw the deceased alive and haur and from the causes stated on 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Typo) Walter A. Baetjer, A. BURIAL CREMATION, REMOVAL (Spocify)	giving g lhe (C) BUTING TO THE PROPORTION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While A1 Not White A1 Work Not White A1 Not White A1 Work Not White A1 Not White A1 Work M.D. At Ph M.D. At Ph M.D. At Ph	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ta	alto., Maryland (City, town, or county) (Stot
MEDICAL CERTIFIC	injury ar camplication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the obove couse (A) stolin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominal) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axiominal) 21D. TIME (Month) (Doy) (Your (House) (APPROX.) 22. I certify that (I) (this hospital) attemption of injury (APPROX.) 23C.PHYSICIAN'S NAME (Typo) Walter A. Baetjer, A. BURIAL CREMATION, REMOVAL (Spocify)	giving g lhe (C) BUTING TO THE PROPORTION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While A1 Not White A1 Work Not White A1 Not White A1 Work Not White A1 Not White A1 Work M.D. At Ph M.D. At Ph M.D. At Ph	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR? 21°F. HOW DID INJURY OCCUR? ile	alto., Maryland (City, town, or county) ADDRESS



5-552	BALTIMORE CITY	HEALTH DEPARTMENT		67 9915
BIRTH NO. 67	9915 CERTIFICA	TE OF DEATH	Registered No	0, 0020
M.E. CASE NO. 1. NAME OF DECEASED O			D HOUR OF DEATH	
Type or Printl		λ .7		8/71 120
MR. LICY VIMMONS 3. PLACE OF DEATH IN BALTIMORE MARYLAN	D	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission
		A. STATE B. COUNT	ΙΥ	
FULL NAME OF (If not in hospitat or insti	itution, give street	MU		
INSTITUTION		C. CITY OR TOWN (If outs		RURAL ond give township)
Manfland Gener	1 Hospiral	Capoo I (III	21218	7 04
11 Mary			thews stra	1
700		ļl		
	ARRIED NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
$M \mid W \mid D$	MARRIED	-feb. 15, 1708	59	
OA, USUAL OCCUPATION (Give kind of work 10 B, K lone during most of working life, even if retired)		11. BIRTHPEACE (State or foreig	gn country)	12, CITIZEN OF WHAT COUNTRY?
tired xxxxxXachinist B	eth, Steel Co.	N.C		U.S.
3. FATHER'S NAME	/ M.	14. MOTHER'S MAIDEN NAM	A E	01.3,
1		24 . /		
Lon Simmons	0.4.202		Lang	
5. Was Deceased Ever in U _s S. Armed Forces? Tes,no or unknown) (If yes, give wor or dotes of s	ervice) 1 6, SOCIAL SECURITY NO.	Mrs Peresa C.	Simone	ADDRESS
No		Midice	Mira	(Same)
18. 202VI	CAUSE	F DEATH	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Υ (. /		ONSET AND DEATH
LEADING TO DEATH	(A)	Mumon	-	10/9/67+2/0/1
(This daes not meon the made of dying heart failure, asthenia, etc. It means the d	, e.g., DUE TO		1	
injury or camplication which caused death		11 1000	Welow	
ANTECEDENT CAUSES	(B)	vandifice.	nguon	4
DISEASES OR CONDITIONS, if ony,	DUE TO			
rise to the above cause (A) statin		00000000000000000000000000000000000000	######################################	
UNDERLYING CONDITION lost.				
Z OTHER SIGNIFICANT CONDITIONS CONTR		·		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
		[20 A	200 10 400	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 81 4 65 65 1011109/	7 V U	MI ' Dis	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bidg., INJURY OCCUR?	III in Politimore	City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hou	21 E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not White Work At Work	le 🔲		, /
22. I certify that (1) (this hospito)) otte			967 10 0	at 16 10/a
	0 1			01
that () (we) lost sow the deceased aliv			in (mg) (our) obli	nion death occurred on the de
and hour and from the couses stated ob	pave. (IX(We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE			A 11 .2	23B. DATE SIGNED
Jourget Mi	M.D. Att. Phy	ending Med. Director	Phys.	Oct 16'69
23C.PHYSICIANS NAME (Type)		23D. ADDRESS		
Yound sik	MOON M.D.	Manslan	of Ben. 1	terpiral
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY // 124D. 10	CATION (Ci	ty, town, or county) (Stotal)
Burial 10/19/67.				363
	OF THE STATE OF TH		Baltimore,	
SA. DATE REC'D BY HEALTH DEPT. 258. N	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ole Two De 74	ADDRESS
UC 17 1967 (12.04. Fr	E. Standownia	Leonard J. Ru	CK THE DATE	oo Mu STSTA
150-REV. 1/1/65				

or factor of the second contract of the secon

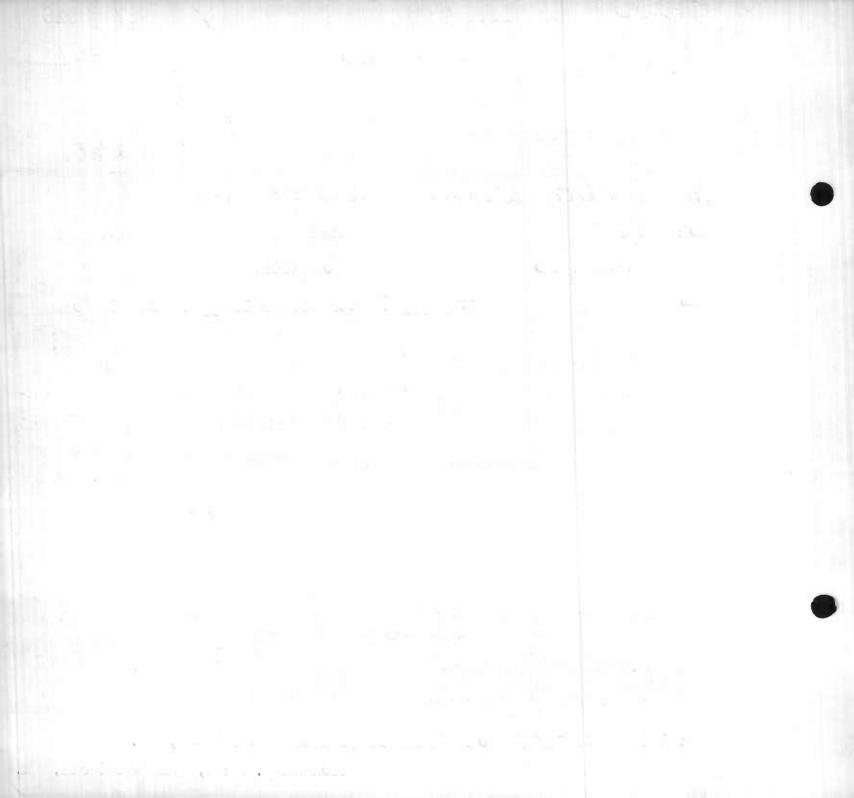
TOTAL .

ga amendialitem processes offilier appointment in ag-

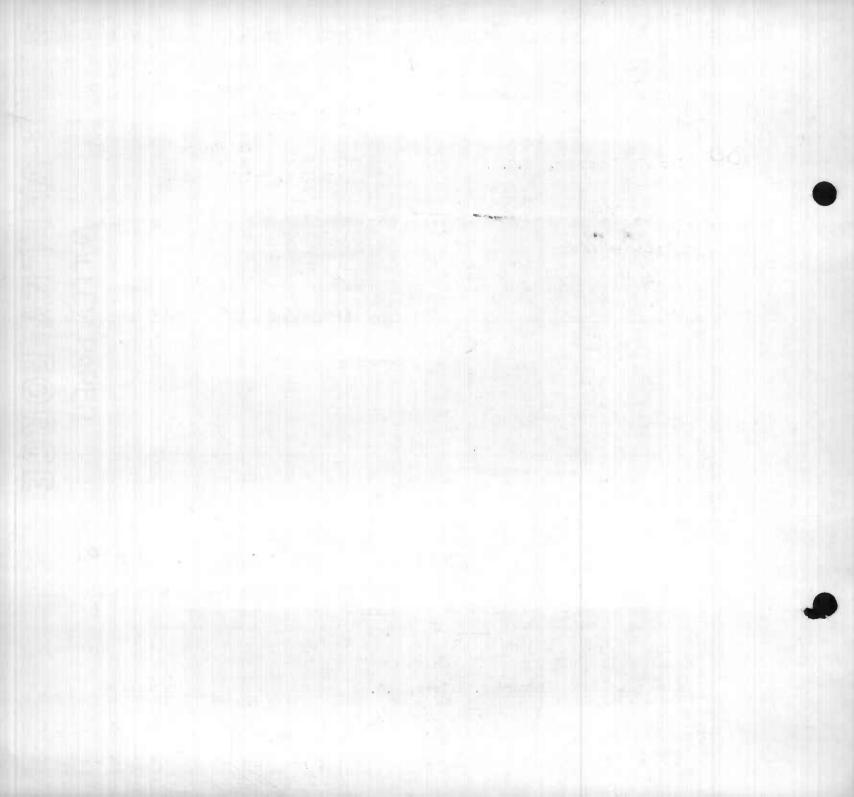
the market on a second as from an

FUNERAL DIRECTOR: IMPORTANT

C-200		BALTIMORE CITY	HEALTH DEPARTMENT	\/	67 9916
IRTH NO.	67 9	3916 CERTIFICA	TE OF DEATH	Registered Na.	01 0010
NAME OF DECEASED			DATE AN	D HOUR OF DEATH	
Type or Print) CASI	O), CAT	HERINE (a	scio 10/1	7/67	200 A
PLACE OF DEATH IN BAL	MORE, MARYLAN	D	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived, if i	institution: residence before odmissio
FULL NAME OF (If no	in hospitol or insti	tution, give street	mary	land	Parte Co
HOSPITAL OR oddre	ss or locotion)	1/ >	C. CITY OR TOWN ATT OUT	side city limits, write	RURAL and give township)
(Johns 1)	tonke	ne Hospila	scoreeld	el-	. 6. 53-00
Ja roroe	10	/ //	D. STREET ADDRESS (If	rurol, give location)	WA
V 33			5711-as	males	n rea,
SEX 6. RACE		RRIED, NEVER MARRIED DOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
telinale Wh	ete- 4	Lehare	10-1-01	66	
OA, USUAL OCCUPATION (Girone during most of working tite, e		NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewite			Italy		USA
3. FATHER'S NAME			14. MOTHERS MAIDEN NA	ME	
Sam Imbra	nuolio		Josephine		
5. Was Deceased Ever in U.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknown) (II yes, giv	woi or dates of se	SECURITY NO.	4 0		M 0 1
		2165637301		ne 5501 /	INTERVAL BETWEEN
1B	+-26	Y .	shable multi	inte	ONSET AND DEATH
DISEASE OR CON					10 days
(This does not mean th		e.g., OUL 10	monary ev		
heart failure, asthenio, e					At least
ANTECEDE	IT CAUSES	(B) 1999	13 + myccar	dial fai	lune 4 years
DISEASES OR CONDI	IONS, if any,	DUE TO			1/
rise to the above UNDERLYING CONDITI	couse (A) statin		CVD * diz	belesde	His 25 yrs
					-> D3 4 VS
OTHER SIGNIFICANT CO TO THE DEATH BUT OISEASE OR CONDITION		BUTING TO THE	tes mellitus	pueuu	10016 B. Le
	CAUSING IT.		20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE OF OPERATION	WAS PERFORME	FOR WHICH OPERATION	Se S	IN CERTIFYING C.	AUSES OF DEATH?
U 21A. ACCIDENT WAS UN	DERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimo	ne City, give exact location)
OR CONTRIBUTING CA	USE OF	home, form, foctory, street, of			7. 6
U			215 110111 212 111	HAV OCCUPS	
OF INJURY	Doy) (Yeor) (Hou	While At Not While	21F. HOW DID INJ	ORT OCCUR?	
(APPROX)		Work At Work			
22. I certify that (1) (#	is bospital) atte	nded the deceased fram	70 / 7	19 67 to 10	2/17 19 67
that (1) (was) last saw t	he deceased aliv	e on 10/17	19 47 and th	at In(my) (1801).ap	Inlan death accurred an the d
		ave. (1) (4) (dld) (dtd 101) v			
23A. SIGNATURE	0/0				23B. DATE SIGNED
Elizabeth	"H Da	M.D. Alle	ending Med. Director	Staff Phys.	10/17/67
23C. PHYSICIAN'S	1	1.07	23D. ADDRESS		
NAME (Type)	oth H.	Jansson M.D.	Oslev Med. S.	ervice, J	chas Hopkins
	IB, DATE	24C. NAME of CEMETERY OF CR	MATORY PAD I	OCATION (chas Hopkins Hospital
REMOVAL (Specify)	101-11	11 1 0 1			,
burial	0/20/67	Holy Redeemer	Cemetery Bo	altimore,	Md.
25A. DATE REC'D BY HEALTH	067 A 258. N	A E Soulice	25C. FUNERAL DIRECTOR	Post 0	ADDRESS Ma
001111	JUI UCHE	D. C. MULLION, M.	Leonara y.	Muck, yn	c Baltimore, Ma
S 150-REV. 1/1/65					



WALTER NAPOLAK HELEN STUDE Burist 10-11-87 It France Leve Com. Bearinger M. D. Asymen's L. Maccocones



Julian al Remarana 18 maps Burst forler Prisumman Sub-du al 163. distribution of the state ch 1/4 4/01

2

TOME THINKS IN SECTION ATMOUNTERAL.TE

JERN BERTHER FREE FL

E I SELTAD

A TAA - S. T. IS IN AS DOE

The Assertate of the self-

BALYANI , ENGITE A.

TIMEAS STILL E. AS

31-11-0

BUA YEAR MUSICA SIS A PREMISES SERITER

THE (MARTHAN) HERE

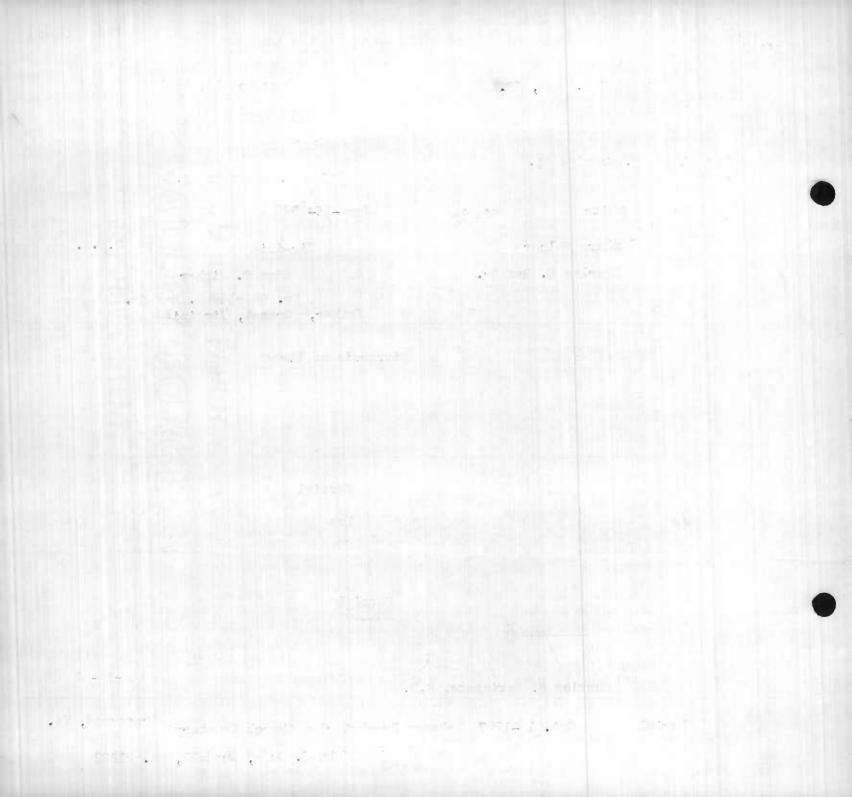
WA NOTAD & THERMAN - ROLLER SELEATE STREET

FEED D. W. OT A - ATTISTED SEEDA TO

BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9921

	CASE NO.					Ta' = 1 = 1		0.0540		
(Typ	AME OF DE		TALL TIME				HOUR PRONOUNCE	D DEAD	0 10	
		LARLES N. R			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission					A _M .
3. P	LACE IN BAL	TIMORE MARYLAND	, WHERE PRONOL	JNCED DEAD	A. STATE Maryland B. COUNTY					dmission)
	L NAME OF	(IF NOT IN HOS	PITAL OR INSTITU	JTION, GIVE STREET			corporate limits, write	RURAL ond	give townsh	hip)
INS	NOITUTION				Baltimore //-O2					
1	1214	N. Charles	C+		D. STREET ADD		give Incotion)		_//	
0	1214	N. Charles	J.		11					
5. S	EV	6. RACE	7 AAABDIED	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Hoder	Yr. If Unde	24 Hrs
			WIDOWED,	DIVORCED (specily)			lost birthdoy)		oys Hours	
-	Male White Single		June 25-1929 38				1			
IOA.	USUAL OCC	UPATION (Give kind of working life, even if retire	work 10B. KIND OI	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	COUNTRY?	
U U	donn's most of	Plumbers He.	lper		V-	irginia			S.A.	
13. F	ATHER'S NAM				14. MOTHER'S M	AIDEN NAME	-11-1-11			
			N. Rea Sr			Edna F	. Fisher			
		ED EVER IN U.S. ARA n),(If yes, give war or		16. SOCIAL SECURITY NO.	17. INFORMANT	Mr. Cha	rles N. Rea	ADDRESS		
	NO			?	Father.		, Virginia			
	18.			CAUS	OF DEATH	01 0200	, an Same	- 1	NTERVAL BE	ETWEEN
	58	1.0 1						(ONSET AND	DEATH
	DISEA	SE OR CONDITION		Cin	chosis of	1 1 220 2				
	/This days	LEADING TO DE		(A)	. HOSIS OI	TIVEL				
	heart foilure	not meon the mode	eons the discose,	DUE TO						
	injury or co	implication which cous	sed deoth.)							
		ANTECEDENT CAL	1555							
		OR CONDITIONS,		(B)DUE TO					••••	
	RISE TO TH	HE ABOVE CAUSE (A	STATING THE	DOE 10						
_	UNDERLYI	NG CONDITION LA	ST.	(C)						
CATION										
A	OTHER SIG	II	NIC CONTRIBUTU	NC						
S.		DEATH BUT NOT			Partia	1				
E		R CONDITION CAUS								
CERTIFI	19A. DATE O	F OPERATION 19B. C	PERFORMED	WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIN			
	21				Yes				Yes	
X	21 A. EXTERNA	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. V	WHERE DID	If in Boltimore City, giv	ve exoct loc	otion)	
EDICA		JSE OF DEATH.	etc.)	e, tonn, lociory, sileel,	office brage, 1143 OK	OCCOR:				
ME	21D TIME	(6441) (5)	(Yeor) (Hour) 12	TE. INJURY OCCURRED	215 14	DENI DID WO	PY OCCUP?			
	OF INJURY	(Month) (Doy) (סנואו מוט זיי	KI OCCOK!			
	(APPROX.)		m.	WHILE AT NOT	WHILE					
	22.			Pa Pa	rtial					
	l cei	rtify that I held an	Inquiry 🗀	Inspection Au	tapsy X an	d that an thi	s basis, death In m	y apinian		
	resu	Ited fram: Natural	causes X	Accident Suicia	le 🗌 Hamici	ide 🗌 U	Indatermined manne	er 🗌		
		01	0	3 0	CHIEF M	EDICAL EX	AMINER			
	ACTUA	L (//)	1,)	-					DATE SIG	SNED
	SIGNAT	TURE MAN	0	M.C	ASSISTANT M					
	EXAMII NAME (NER'S (Type) Charles	S. Sprin	gate, M.D.	ASSOCIATE M	EDICAL EX	(AMINER	10-1	L4-67	
	BURIAL CRI	EMATION, 23B. DATE		C. NAME of CEMETERY	or CREMATORY	23D. LC	OCATION (City,	town, or co	ounty)	(Stote)
- Car	Buria	· ·	H- 76-706	7 Lahaman Du	a albert and a	Changli	Compa	Greenw	ood, Vi	l.
244		BY HEALTH DEPT.	24B. NAME	7 Lebanon Proof REGISTRAR	24C. FUNER	AL DIRECTOR	Cemetery		DRESS	
					7.		D 4 72 24			
		OCT 18 198	57 120.1	5 E. Faller M.	Jonn J	· Duda,	Dundalk, M	d. 212	22	
1			- NIASALA							



FUNERAL DIRECTOR: IMPORTANT

	7 9922
BIRTH NO. CERTIFICATE OF DEATH Registered No.	1 UUTUR
M.E. CASE NO. I, NAME OF DECEASED Irvin L. Bierly 2. DATE AND HOUR OF DEATH Trung of Pigith 2. DATE AND HOUR OF DEATH	
Type or Print) IRVIN BIERLY CEL 16, 1967	11 :304
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residently and STATE B. COUNTY	nce before odmissio
As middle as the Religioner	
HOSPITAL OR oddress or locotion)	e townshin)
Church Home & Hospital BATING ORE - Dundalk	62,00
3 BHUPLH HOME HOD HOSPITAL D. STREET ADDRESS 7811 Eddlynch Road	2 2
7816 10 Hoad FD	.2/122
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Y	r. If Under 24 H s Hours Min.
Make WHITE WIDOWED, DIVORCED (specify) 10/9/9/ 10st birthdoy) Months Doys	S FIOUTS PAIN.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN	OF
2 /	SA .
Retired Machinist Glenn L. Martin Co. Pennsylvania	371 :
Alfred L. Bierly Margaret Minns	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMAN (Daughter) Dundalk, ADI	d 21222
No 196-05-2282 Mrs. Caroline Miller, 607 Goodman	
	RVAL BETWEEN
	ET AND DEATH
	DUPE
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) (A) HOUTE POLICIAN MAY COME IT.	
heart failure, asthenia, etc. Il means the disease,	
El Vacano de Como	?
ANTECEDENT CAUSES (B) OUE TO	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CON	SIDERED
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEAT	H?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exc	oct location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
0	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work	
20 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	19 67
that (1) (we) last saw the deceased alive an 11.30 box 10/19 6.7 and that in (my) (aur) apinian death as	curred an the d
and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE 23B. DATE SIG	GNED
M.D. Attending Med. Stoff Phys. Director Phys.	16/6
23C, PHYSICIAN'S	/ /
NAME (Type) / ENERGY M.D. Church Home & Hospital, Ba	te. Md.
De Colonia	1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or con	unty) (State)
Burial 10/19/67 Laureldale Cemetery Reading, Pa.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS

nent durants

frankling of the control of the contr

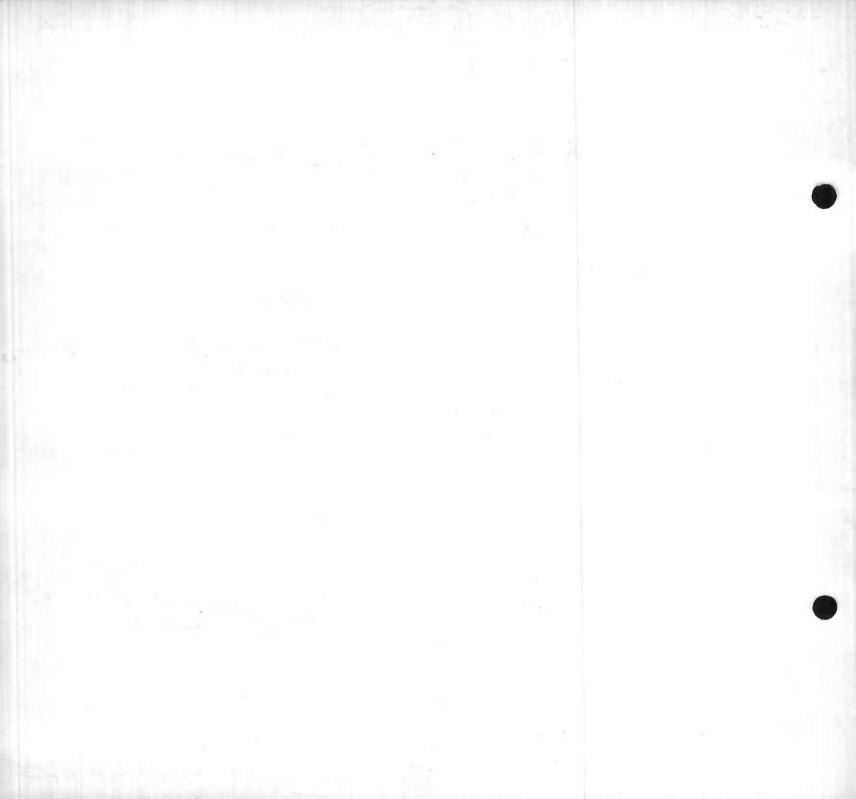
in It is a line of the second of the s

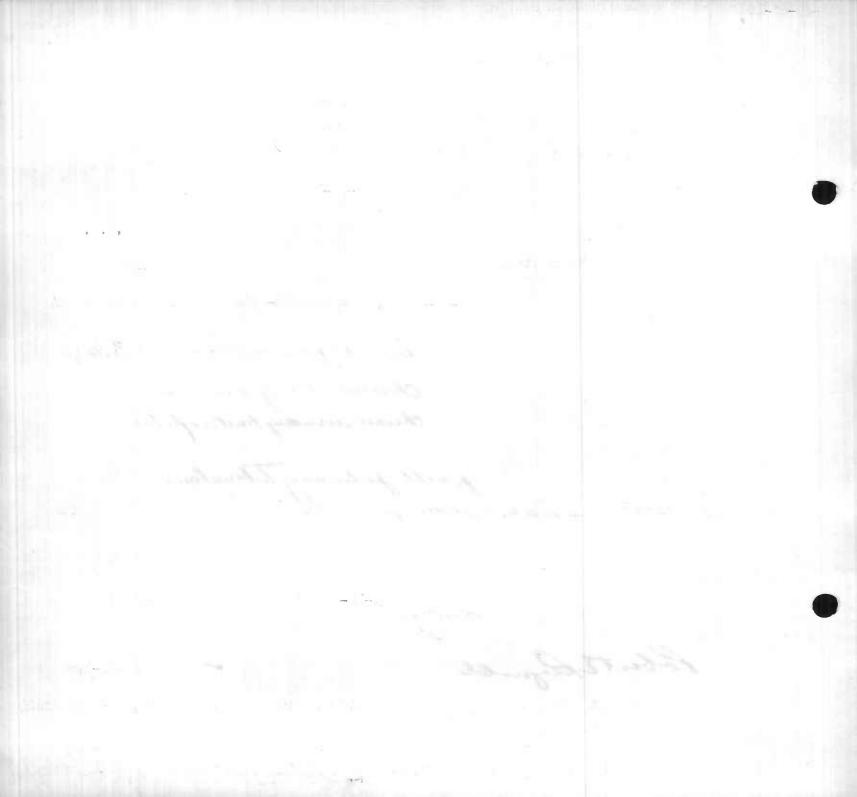
A STATE OF THE STA

			OF 0.	BALTIMORE CITY	HEALTH DEPARTMENT	1	CF 0000
BIRT	H NO.		67 9	923 CERTIFICA	TE OF DEATH	Registered No.	07 3323
M.E	CASE NO.	(22)		OEKTITO,		HOUR OF DEATH)
	AME OF DECEA		EF. K	1 SMM		OCT 1967	6 10 AM
3. P	LACE OF DEAT	H IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If i	institution: residence before admission)
	TULL NAME OF	(If not in	n haspital or instituti or location)	ion, give street	Md.	BALTIN	NOZF C
	A L C TATALATA ON A L			+ 1 Jaco Tiss	RAITING		NDALK
	3501	rurch	1-10M	+ 1-bspitial		urol, give location)	10414-1
-					48 TOWNSH	1/2 ROAD	53-00
5. S	EX 6	CAUC	WIDO	WED, DIVORCED (specify)	B. DATE OF BIRTH 4-22-93	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ATION (Give I	tind of work 10B, KINE		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
don	HOUSE		if retired)	**speni	PENINSY WANG	A	USA
13.	FATHER'S NAMI	- 1/	1		14. MOTHER'S MAIDEN NAM		
	DAU	ID F	PLIBERT		BLANCHE	KENNEN	Y
15. Yes	Was Deceased E s, no or unknown)	ver in U.S Il yes, give v	Armed Forces? vor or dotes of servi	ce) 16. SOCIAL SECURITY NO. B	17. INFORMANT	/	ADDRESS
	NO	-		212-09-0216	Keith Klemmi	(SUN)	
	1B.	91		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDI	TION DIRECTLY	no P	Teteti: ex	varnoni	
			made of dying,	e.g., DUE TO	istatic ex		
	heart failure, a	sthenio, etc.	It means the dise h caused death.)	ase,	inour Br		
		NTECEDENT		(B) Carc	inour /2	our's	
	1.00		NS, if ony, give				
	rise to the	abave ca	use (A) stating		Lw 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	00000000000000000000000000000000000000	
	UNDERLYING		1 1051.				
TION	TO THE DE	ATH BUT N	OTTONS CONTRIBUTIONS RELATED TO				
CA	19A. DATE OF		198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? IVes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
CERTIFICATIO	0		WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
AL	21 A. ACCIDENT OR CONTRIBUT DEATH (notily r	ING CAUS	EOF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimo	re City, give exoct locotion)
EDIC	21D. TIME (Month) (Do	y) (Yeor) [Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
×	OF INJURY			While At Not While Work At Work			
	22	haa (I) (ahie	hagnital) attend		at a second	967 10	Oct. 16 19.67
		-	deceased olive	Oct .	11. 4 7		pinian deoth occurred on the date
	ond hour ond	from the ca	uses stoted obov	e. (I) (We) (did) (did not)	riew the body ofter deoth.		
	23A. SIGNATUR			0			23B. DATE SIGNED
		7	centr -	Keerey M.D. Att	ending Med. Director	Stoll Phys.	10-16-67
	23C. PHYSICIAN NAME ITYP	rs (e)	. SUARO	,	23D. ADDRESS Church	Kome >	& Koopitel
24A	BURIAL CREM	ATION, 24B.		C. NAME of CEMETERY OF CR	EMATORY 24D. LC		City, jown, or county) (State)
1	REMOVAL (Sp	ecily)	1/19/17/	MEADOWRIDE		RSEY, M	41
17 25 A	DKI HC	Y HEALTH D	PEPT. 25B, NA/	ME OF REGISTRAR			LOO JABORESS Med,
	90		67 Robert	5 8, Farbura	25C. FUNERAL DIRECTOR	Skadley 1	Alledott, M
-							

44 11-11-4 7, 300 mg () () () ()

1. NAME OF DECEASED (Type or Print)	57 3924 CERTIFIC	2. DATE AND HOUR OF DEAT	TH 7 /2 /2 /2
3. PLACE OF DEATH IN BALTIMON	HOWARD E MARTIAND	4. USUAL RESIDENCE (Where deceased lived, III	f institution: residence before odmission)
FULL NAME OF (If not in h HOSPITAL OR oddress or INSTITUTION	ospitol or institution, give street tocotion)	Md.	te RURAL ond give township)
FRANKLIN SE	WART HOSP.	D. STREET ADDRESS (If wool, give location) 1322 Mr. Henry S	+
5, SEX 6. RACE	MARPISO, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (IV years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if	of work 108. KIND OF BUSINESS OR INDUST	TENNE SSEE	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME BENSAMIN		14. MOTHERS MAIDEN NAME FLORA—	
15. Was Deceased Ever in U. S. Am (Yes, no ar unknown) (If yes, give wor	ar dates of service) SECURITY NO.	17. INFORMANT RECORD	ADDRESS
DISEASE OR CONDITION	N DIRECTLY	HEPATIC INSUFF.	INTERVAL BETWEEN ONSET AND DEATH - 3 day
(This does not meon the ma heart failure, asthenia, etc. It injury ar complication which	means the disease, coused death.)	HEPATIC INSUFF. (COMA) CITCHHOSIT, Lae	nnach
ANTECEDENT C. DISEASES OR CONDITIONS tise to the obove couse UNDERLYING CONDITION to	, if any, giving (A) stating the (C)	0,10,0,1,000	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAU	RELATED TO THE SING IT.		
HT W	CONDITION FOR WHICH OPERATION S PERFORMED	NO	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	21B. PLACE OF INJURY (e.g. home, foim, foctory, street, etc.)	office bldg., INJURY OCCUR?	nore City, give exact location)
21 D. TIME (Month) (Doy) OF INJURY (APPROX.)	(Year) (Hour) 21E. INJURY OCCURRED While At Not Work At Wo	21F. HOW DID INJURY OCCUR?	,
that (1) (we) last sow the de	spital) attended the deceased from ceased alive on	19 God ond that in (my) (our) o	opinion death occurred on the dot
Gas SIGNATURE GENERAL SIGNATURE	M.D. A	Altending Med. Stoff Phys, 123D. ADDRESS	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) HECTOR 24A. BURIAL CREMATION, 124B. DA	L. FELICIPAL M.I	Caratel and CO	(City, town, or county) (Store)
Purial 10	18/67 Loudon Park	Councilies Baltomore,	Manylemel
OCT 18 196	Rebert E, Farberna	Walter Fernal Home P.	atte Stroker Its





IMPORTANT

DIRECTOR:

FUNERAL

THE PARTY OF THE P So to the second se TO BE SEEN THE TOTAL OF THE STATE OF THE STA 125 MO

Janivska safama finom toli in Militari d

1 / S. W. H.

	death death eased n the Such	
	hospita use of ; (5) Dec dance o	
	ting ca d cause r atten	9.
•	occurrion contribu termine regula	is mad
	if death ect or 4) Under was in the dec	position
RTANT	sistant the dir kind; (death	final dis
IMPO	Also, if e of any counced attenda	med or
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	written approval must be obtained before the remains are embalmed or final disposition is made.
DIREC	dical exacal exa	agins are
NERAL	a mediody bur he phys	the ren
FU	oy the claim by re; (2) B where the	before
	proved k the hosp ny natu except and (6)	btainec
	is be applied to the sent of a spital (spital (death);	nust be
	as relected An accided at a horizon to a	oroval m
	This certificate must be the body was released the shows: (1) An accident of was D.O.A. at a hospital deceased prior to death	tten abi
	Thi the sho wa	×

	67 992	CEPTIFICA	ATE OF DEATH	Registered No	67 9927
BIRT	H NO.	CLKIIIC			
	AME OF DECEASED		DATE	AND HOUR, OF DEATH	
	e or Print) Dosten France	PC	Z. DATE	AND HOUR OF DEATH	33
		- 3	19	(3/6)	10 14
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CO	here deceased lived. If in	stitution; residence before admis
			And		
	ULL NAME OF (If not in hospitot or institution, g OSPITAL OR oddress or location)	ive street	C. CITY OR TOWN (IF		
- 11	NSTITUTION	, ~,	C. CITT OR IOWN	outside city limits, write R	UKAL and give town hip)
1-1	11 - 00 . 1 1/	and tot	Ballimor	•	100
1	Union Memorial Ha	ospi iai	D. STREET ADDRESS	(If rural, give location)	1
7			1213 W	37 24	Street
5. SI	EX 6. RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
	WIDOWED	DIVORCED (specify)	12/22/07	lost biethdoy	Months Doys Hours M
	F		1-1-5/01	17	
	USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
one	during most of working lite, even if retired)		md		1151
2 -	Housewife		1 9.	10.00	0
3. F	FATHER'S NAME	84"	14. MOTHER'S MAIDEN	AME	
	Joseph Meny Whe	im	(
SV	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1 MARY E	ADDRESS
Yes,	no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	INFORMANT	/	WDDKE22
		P	JAHN E No	TED C = 100	A William A. C.
1	18. 4 / 2 / 21	CALISE	OF DEATH	EKISR. 100	2 UNION AVE
	1 40 1 00	CAUSE	OT DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		1 / /	11	2/
	LEADING TO DEATH	(A)/	ascular, (ollange,	3 hours
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	//	1 1= - 100	
_			/ VO-4 1 -		
			1 gran	, and	
	injury or complication which caused death.)	(B) T	times Harr	, and	
		(B) Julio	ternel Her	serlage.	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	(B) JUL 10	ternal Her	sorlage.	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the	(B) DUE 10	ternal Her	menlage.	
	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	(B) JO 6	ternal Her	norlage.	
	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost.		terns Her	serlage.	
z	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3	ternal Her	serlage.	
z	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost.	3	ternal Her	serlage.	
CATION	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR W.) 	Ternal Hes		FINDINGS CONSIDERED
CATION	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.) 	Ternal Hes	No) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
ERTIFICATION	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OPERATION	No	IN CERTIFYING CAL	JSES OF DEATH?
L CERTIFICATION	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. home	PLACE OF INJURY (e.g.,	in or obout 21C, WHERE DID office bldg., INJURY OCCUR	IN CERTIFYING CAL	FINDINGS CONSIDERED JSES OF DEATH? City, give exoct locotion)
AL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	IN CERTIFYING CAL	JSES OF DEATH?
ICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. WHERE DID	IN CERTIFYING CAL	JSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. WHERE DID office bldg., NURY OCCUR	IN CERTIFYING CAL	JSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, OF INJURY	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED le At Not Wh	in or obout 21C, WHERE DID office bldg., INJURY OCCUR:	IN CERTIFYING CAL	JSES OF DEATH?
MEDICAL CERTIFICATION	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21B. TIME (Month) (Doy) (Year) (Hour) 21E. Whill World	PLACE OF INJURY (e.g., form, foctory, street, injury Occurred Not Wh	in or obout 21C, WHERE DID office bldg., INJURY OCCUR:	IN CERTIFYING CAL	JSES OF DEATH?
MEDICAL CERTIFICATION	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. home of c) 21A. ACCIDENT WAS UNDERLYING 61C.) 21B. TIME (Month) (Doy) (Year) (Hour) 21E. Whill APPROXIMATE (Month) (Doy) (Year) (Hour) 21E. Whill APPROXIMATE (MONTH)	PLACE OF INJURY (e.g., form, foctory, street, injury Occurred Not Wh	in or obout 21C. WHERE DID office bldg., INJURY OCCUR:	IN CERTIFYING CAL	JSES OF DEATH?
MEDICAL CERTIFICATION	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED 21B. TIME (Month) (Doy) (Year) (Hour) 21E. Whill World	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Le At At Work At Work At Work At General At General At Work At General A	in or obout 21C. WHERE DID office bldg., INJURY OCCUR:	IN CERTIFYING CAL	JSES OF DEATH? City, give exoct locotion)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. Whill World CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. Whill World CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIB	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED A	in or obout 21C. WHERE DID office bldg., INJURY OCCUR:	IN CERTIFYING CAL	City, give exoct locotion)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. Whill (APPROX.) 22. I certify that (1) (this hospital) attended the that (1) (we) last sow the deceased alive on	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED A	in or obout 21C. WHERE DID office bldg., INJURY OCCUR:	IN CERTIFYING CAL	City, give exoct locotion) 196 196 196 196 197
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NAS	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Work At Work At Work (We) (did) (did not)	in or obout 21C, WHERE DID office bldg., INJURY OCCUR: 21F, HOW DID nile k 19 ond view the body ofter deot	IN CERTIFYING CAL (If in Soltimore INJURY OCCUR? that in (my) (aur) opin h.	JSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NAS	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Le At At Work At	in or obout 21C. WHERE DID office bldg., INJURY OCCUR: 21F. HOW DID 21F. HOW DID 19	IN CERTIFYING CAL	City, give exoct locotion) 196 196 196 196 196 196 196
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. Whit (APPROX.) 22. I certify that (1) (this hospital) attended the that (1) (we) last sow the deceased alive on mond hour and from the causes stated above. (1) 23A. SIGNATURE	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Le At At Work At	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID nile k 19 ond view the body ofter deot ttending Med. Director	IN CERTIFYING CAL (If in Soltimore INJURY OCCUR? that in (my) (aur) opin h.	City, give exoct locotion) 196 196 196 196 196 196 196
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NAS	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Le At At Work At	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID sile k 21F. HOW DID wiew the body ofter dect thending Med. Director	IN CERTIFYING CAL	City, give exoct locotion) 196 196 1238, DATE SIGNED
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WAS PERFORMED.	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Le At At Work At	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID nile 19 7 ond view the body ofter deot thending Med. Director 123D. Address The Union	IN CERTIFYING CAL	City, give exoct locotion) 196 196 1238, DATE SIGNED
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198, CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, Whill (APPROX.) 22. I certify that (1) (this hospital) attended the that (1) (we) last sow the deceased alive on cond hour and from the causes stated above. (1) 23A. SIGNATURE DEATH (Type) DEATH (Type) DEATE OF HARRY F. HOLCOMB	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Work	in or obout 21C. WHERE DID office bldg., INJURY OCCUR: 21F. HOW DID nile k 21F. HOW DID view the body ofter deot thending Med. Director 123D. ADDRESS Thy Union	IN CERTIFYING CAI (If in Soltimore INJURY OCCUR? 19 7 to 10 that in (my) (aur) opin h. Stoff Phys. Demorial Homoria	City, give exoct locotion) 196 196 1238, DATE SIGNED
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198, CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, Whill (APPROX.) 22. I certify that (1) (this hospital) attended the that (1) (we) last sow the deceased alive on cond hour and from the causes stated above. (1) 23A. SIGNATURE DEATH (Type) DEATH (Type) DEATE OF HARRY F. HOLCOMB	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED Le At At Work At Work At Work Le deceosed fram At Work At Wo	in or obout 21C. WHERE DID office bldg., INJURY OCCUR: 21F. HOW DID nile k 21F. HOW DID view the body ofter deot thending Med. Director 123D. ADDRESS Thy Union	IN CERTIFYING CAI (If in Soltimore INJURY OCCUR? 19 7 to 10 that in (my) (aur) opin h. Stoff Phys. Demorial Homoria	City, give exoct locotion) 196 196 1238, DATE SIGNED
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, Whill (APPROX.) 22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on mond hour and from the causes stated above. (II) 23A. SIGNATURE DEATH F. 10 BURIAL CREMATION, 124B. DATE 24C. NAREMOVAL (Specify)	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Le At At Work At	in or obout 21C. WHERE DID office bldg., INJURY OCCUR: 21F. HOW DID side 19	IN CERTIFYING CAI (If in Boltimore INJURY OCCUR? 19 7 to	City, give exoct locotion) 196 196 1238, DATE SIGNED
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. Whill (APPROX.) 22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Le At At Work At	in or obout 21C. WHERE DID office bldg., INJURY OCCUR: 21F. HOW DID side 19	IN CERTIFYING CAL	City, give exoct locotion) 196 196 1238, DATE SIGNED
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. Whill (APPROX.) 22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Le At At Work At	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID iile 19 ond view the body ofter deot thending 23D. ADDRESS Thurion REMATORY 24D 25C. FUNERAL DIRECT	IN CERTIFYING CALL (If in Boltimore INJURY OCCUR? 19 7 to that in (my) (aur) opin h. Stoff Phys. LOCATION (Ci Gamber, Md TOR	City, give exoct locotion) 196 196 238. DATE SIGNED 197, town, or county) (Sto

N. 85 4 6151 be estected Variable Steppelin 3 hours

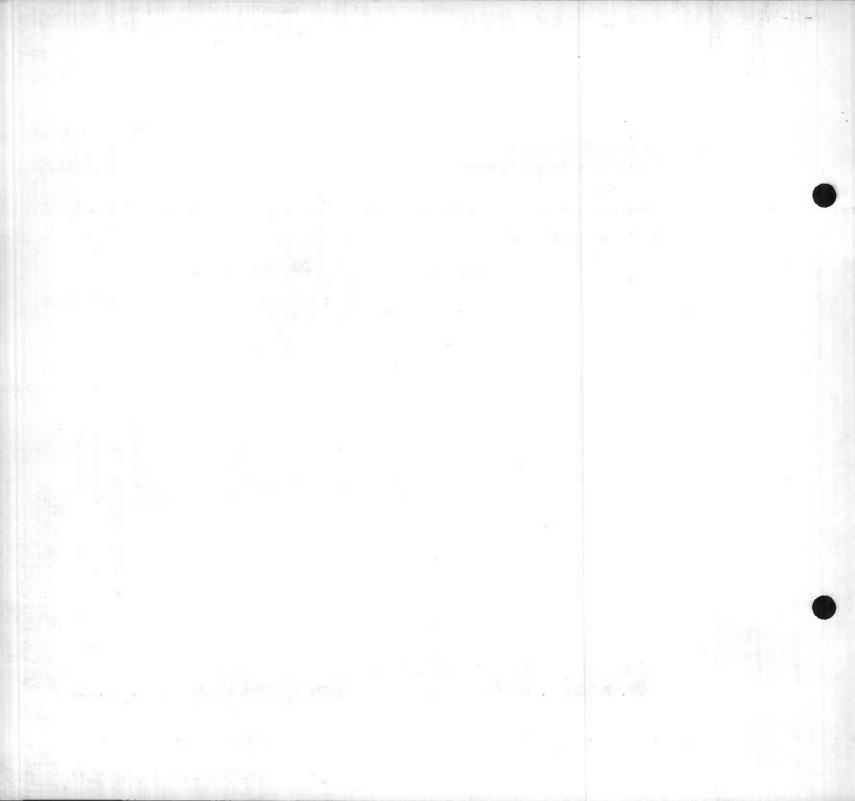


		1
5	-365	
	and	
	f d ece	
	ospi e o 5) D 5) D	3
	a h aus e; (2
	in and caus	5
	or ar	9
	ntrik mir	BOE
	th o	on is
	dea or Und	Siffic
<u></u>	÷ 5€ }	Spo
AN	e d ind;	o lo
JRT	f th of d	fin
APC	his io, io, iof ar	P
=	Als	E E
OR:	iner actu pro	99 4
5	A fr	9 9
FUNERAL DIRECTOR: IMPORTANT	(3) ×	S ar
0	dical ical rns;	Na P
RAI	med bu	ren
R	a r Sody he	the
F	by (2) E	fore
	by t pital re; whe	d be
	hosi hosi natu	ine
	provide the ny rexce	obto
	to to of a	be '
	st be ised ent spit	ust ust
	elec ccid	2 0
	as r as r at a	107
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	d d d
	bod WS:	ten
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	veceused prior to dearn); and (o) to physician was in regular affectable on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.

NAME OF DEC	TREAM, John L	ester			ober 16, 196	
	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Vhere deceased lived, If	institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)			Maryland	OUNTY	Inderich Co.
INSTITUTION				outside city limits, write	e RURAL and give township)	
-			Knoxville D. STREET ADDRESS	(If rurol, give location)	00-00	
	Baltimore, Mar			OV STARE TO BARES	give toolog	
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
Male	White	Div	D, DIVORCED (specify) Orced	4/18/22	lost birthdoy]	Months Doys Hours Min.
		10B. KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janito	working life, even if relired)	מוניו	nown	Virginia		U.S.A.
3. FATHERS NA		un	IIOMII	14. MOTHER'S MAIDEN	NAME	UeDeAe
Lester	Stream			Ethel Bower	rs	
res, no or unknow	d Ever in U. S. Armed For	es of service)	16. SOCIAL SECURITY NO.	VA Hospital	Records	ADDRESS
Yes	3/4/43 - 11/2	29/45	216-12-4463	3900 Loch Ra	ven Blvd. Ba	alto. Md 21218
18. / 6	3 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH	RECTLY	Conc	on of James and		Manah 2062
(This does	not mean the made of	dvina ea		er of lung wi	in metastases	s March 1967
	, osthenio, elc. Il meons	the disease,				
	, osthenio, elc. Il meons mplicolian which coused	the disease, deoth.)	(P)			
injury or co	osthenio, etc. It meons mplicolian which coused ANTECEDENT CAUSES	the disease, deoth.)	(B)		***************************************	
DISEASES	, osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il	the disease, deoth.)	(B)			
DISEASES	osthenio, etc. It meons mplicolian which coused ANTECEDENT CAUSES	the disease, deoth.)	(B)			
DISEASES rise to the	, osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last.	ony, giving slaling the	(B)			
DISEASES rise to the	, osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. III CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING I	the disease, deoth.) ony, giving stating the CONTRIBUTINATED TO TH	(B)	[20A. AUTOPSY? (Yes o	No) 208. IF YES, WER	E FINDINGS CONSIDERED
DISEASES rise to the	, osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. III	ony, giving stating the	(B)	20A. AUTOPSY? (Yes o	No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise IO II UNDERLYIN OTHER SIGN TO THE I DISEASE OR 19 A. DATE O OR CONTRIB OR CONTRIB DEATH (notif	, osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving slaling the CONTRIBUTINATED TO THIS.	G BE WHICH OPERATION B. PLACE OF INJURY (e.g., in no, form, foctory, street, of	No or obout 21 C. WHERE DIE	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE O 21 A. A CCIDE OR CONTRIB DEATH (notif	osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving slaling the CONTRIBUTINATED TO THIS. IDITION FOR FORMED	G G WHICH OPERATION & PLACE OF INJURY (e.g., in ne, form, foctory, street, of	NO n or about 21C. WHERE DII fice bldg., INJURY OCCUR	IN CERTIFYING C	AUSES OF DEATH?
DISEASES rise Io II UNDERLYIN OTHER SIGN TO THE ID DISEASE OR 19 A. DATE O PLAN ACCIDE OR CONTRIB DEATH Inolif 21 D. TIME OF INJURY	ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving slaling the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED 218 hon etc. (Hour) 21E	G BE WHICH OPERATION B. PLACE OF INJURY (e.g., in no, form, foctory, street, of	NO n or obout 21C. WHERE DII ffice bldg., INJURY OCCUR	IN CERTIFYING C	AUSES OF DEATH?
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE ID DISEASE OR 19.4. DATE O 21.A. ACCIDE OR CONTRIB DEATH (notif) 21.D. TIME OF INJURY (APPROX.)	osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving slaling the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED 218 honetc. (Hour) 21E Why	G B WHICH OPERATION B. PLACE OF INJURY (e.g., in the property of the proper	No n or obout 21C. WHERE DIT fice bldg., INJURY OCCUR	IN CERTIFYING C	causes OF DEATH?
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19.A. DATE OF CONTRIB DEATH (notify the property of the property	osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving slaling the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED (Hour) 21E Whometc. (Hour) 21E Whometc.	G B. PLACE OF INJURY (e.g., in the form, foctory, street, of the form) In Injury Occurred the form of the deceased from Occurred the deceased from Occurred Company of the deceased fr	No nor obout 21C. WHERE DIT fice bidg., INJURY OCCUR 21F. HOW DID	IN CERTIFYING CO.	causes of Death? ore City, give exect locofion) tober 16th 19 67
DISEASES rise Io If UNDERLYIN OTHER SIGN TO THE ID DISEASE OR 19.4. DATE O 21.A. ACCIDE OR CONTRIB DEATH (notif 21.D. TIME OF INJURY (APPROX.) 22. I certify	osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving slaling the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED (Hour) 21E Whometc. (Hour) 21E Whometc.	G B. PLACE OF INJURY (e.g., in the form, foctory, street, of the form) In Injury Occurred the form of the deceased from Occurred the deceased from Occurred Company of the deceased fr	No nor obout 21C. WHERE DIT fice bidg., INJURY OCCUR 21F. HOW DID	IN CERTIFYING CO.	causes of death? ore City, give exact locotion) tober 16th 19 67
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE ID DISEASE OR 19 A. DATE O 21 A. A CCIDE OF CONTRIB DEATH (notify 12 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. INFICANT CONDITIONS CAUSING I CONDITION CAUSING I F OPERATION 19B. CONDITION CAUSING I F OPERATION CAUSING I CAUSE OF y medicol exominer) (Month) (Day) (Year) y that (1) (this hospital last saw the decease	ony, giving stating the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED (Hour) 21E Wh. W. Contribution of the contribution of t	G (E) WHICH OPERATION B. PLACE OF INJURY (e.g., inne, form, foctory, street, of the control of the control of the deceased from October 16th	No n or obout 21C. WHERE DIT fice bldg., INJURY OCCUR 21F. HOW DID tober 7th 19 67 and	IN CERTIFYING CO. (If in Boltim	causes of death? ore City, give exact locotion) tober 16th 19 67
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE IDISEASE OR 19 A. DATE OF THE IDISEASE OR 19 A. DATE OF THE IDISEASE OF THE IDISEASE OR 19 A. DATE OF THE IDISEASE OF THE IDISEASE OR 19 A. DATE OF THE IDISEASE OF THE IDISEASE OR 19 A. DATE OF THE IDISEASE OF THE IDISEASE OR 19 A. DATE OF THE IDISEASE OF THE IDISEASE OR 19 A. DATE OF THE IDISEASE O	osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving stating the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED (Hour) 21E Wh. W. Contribution of the contribution of t	G B. PLACE OF INJURY (e.g., in the form, foctory, street, of the form) In Injury Occurred the form of the deceased from Occurred the deceased from Occurred Company of the deceased fr	No n or obout 21C. WHERE DIT fice bldg., INJURY OCCUR 21F. HOW DID tober 7th 19 67 and	IN CERTIFYING CO. (If in Boltim	causes of death? ore City, give exact locotion) tober 16th 19 67
OTHER SIGN TO THE ID UNDERLYIN OTHER SIGN TO THE ID UNDERLYIN OTHER SIGN TO THE ID UNDERLYIN 21 A. ACCIDE OR CONTRIB DEATH (notification of injury (APPROX.) 22. I certify that (I) (we and haur and	osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving stating the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED (Hour) 21E Wh. W. Contribution of the contribution of t	G G G G G G G G G G G G G G G G G G G	No nor obout 21C. WHERE DIT fice bldg., INJURY OCCUR 21F. HOW DID tober 7th 19 67 and liew the body after dea	IN CERTIFYING CO.	causes of DEATH? ore City, give exact location) tober 16th 19 67 pinian death occurred an the d
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIB DEATH (notification) that (1) (we and haur and 23A. SIGNAT	osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving stating the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED (Hour) 21E Wh. W. Contribution of the contribution of t	G (B) DUE TO (C) G (E) WHICH OPERATION B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of ne, foctory, street, of ne, form, foctory, street, of ne, form, foctory, street, of ne, form, foctory, street, of ne, foctory, street, st	No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR 21F. HOW DID tober 7th 19 67 and tiew the body after dea anding Med. Director 22D. ADDRESS	IN CERTIFYING C (If in Boltim INJURY OCCUR? 19 67 to Oct I that in (n/y) (aur) a th. Stoff Phys.	causes of DEATH? ore City, give exact location) tober 16th 19 67 pinian death occurred an the d
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE CONTRIBUTION 21 A. ACCIDE OF CONTRIB DEATH (notify) 22. I certify that (I) (we and haur and aur an	osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIFICANT CONDITIONS OF CONDITION CAUSING I CONDITION CAUSING I F OPERATION 19B. CONDITION CAUSING I (Month) (Day) (Year) That (I) (this hospital b) last saw the decease and from the causes statement.	ony, giving stating the CONTRIBUTINATED TO THIS. CONTRIBUTION FOR FORMED (Hour) 21E Wh. W. Contribution of the contribution	GE WHICH OPERATION A. PLACE OF INJURY (e.g., inne, form, foctory, street, of other street, other street, of other street, of other street, of other street, other street, of other street, of other street, of other street, other street, of other street, other s	No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR 21F. HOW DID tober 7th 19 67 and fiew the body after dea anding Med. 5. Director 23D. ADDRESS VA He	IN CERTIFYING CO. (If in Boltim INJURY OCCUR? 19 67 to Oct I that in (n/y) (aur) a th. Stoff Phys. X Dispital	tober 16th pinian death occurred an the d 23B. DATE SIGNED October 16, 19
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE ID DISEASE OR 19.A. DATE OF 21.A. ACCIDE OR CONTRIB DEATH (notify (APPROX.) 22. I certify that (I) (we and haur an 23.A. SIGNAT 23.C. PHYSICI, NAME (osthenio, etc. II meons mplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, il ne obave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving slaling the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED (Hour) 21E who we do alive an ted abave.	GE WHICH OPERATION A. PLACE OF INJURY (e.g., inne, form, foctory, street, of other street, other street, of other street, of other street, of other street, other street, of other street, of other street, of other street, other street, of other street, other s	No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR 21F. HOW DID tober 7th 19 67 and fiew the body after dea anding Med. 5. Director 23D. ADDRESS VA He	IN CERTIFYING CO. (If in Boltim INJURY OCCUR? 19 67 to Oct I that in (n/y) (aur) a th. Stoff Phys. X Dispital	tober 16th pinian death occurred an the d 23B. DATE SIGNED October 16, 19
DISEASES rise Io If UNDERLYIN OTHER SIGN TO THE C DISEASE OR 19A. DATE O 21A. ACCIDE OF CONTRIB DEATH Inolif UNDERLYIN 22. I certify that (I) (we and haur an 23A. SIGNAT 23C. PHYSICI. NAME (4A. BURIAL CRI REMOVAL	OR CONDITIONS, ile obave cause (A) G CONDITION last. INFICANT CONDITIONS CAUSEN CONDITIONS CAUSE (A) CONDITION CAUSING I F OPERATION (A) CAUSE OF y medical examiner) (Month) (Day) (Year) That (A) (this hospital of the cause state of the cause of th	ony, giving stating the CONTRIBUTIN ATED TO THIT. IDITION FOR FORMED (Hour) 21E Whom ted alive an ted abave. (124C. N	GE WHICH OPERATION A. PLACE OF INJURY (e.g., inne, form, foctory, street, of other street, other street, of other street, of other street, of other street, other street, of other street, of other street, of other street, other street, of other street, other s	No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR 21F. HOW DID tober 7th 19 67 and fiew the body after dea and Med. Director [23D. ADDRESS] VA Ho 3900 Loch Rays MATORY [240]	IN CERTIFYING CO. (If in Boltim INJURY OCCUR? 19 67 to Oct that in (n/y) (aur) a th. Stoff Phys. X Depital Blvd. Ba Location	core City, give exact locotion) tober 16th 19 67 pinian deoth occurred an the d 23B. DATE SIGNED October 16, 19 Lto. Md. 21218 City, town, or county) (Stote)
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE CI DISEASE OR 19A. DATE OF 19A. D	OR CONDITIONS, ile obave cause (A) G CONDITION last. INFICANT CONDITIONS CAUSEN CONDITIONS CAUSEN CONDITION CAUSING IN CONDITION (A) THE CONDITION CAUSE OF CONDITION (A) (This hospital in condition in condit	ony, giving stating the CONTRIBUTINATED TO THAT. CONTRIBUTINATED TO THAT. CONTRIBUTINATED TO THAT. CONTRIBUTION FOR FORMED 218 hon etc. (Hour) 21E Wh. Wh. CONTRIBUTION FOR FORMED 218 hon etc. (Hour) 21E Wh. Wh. 24C. N.	GE WHICH OPERATION A. PLACE OF INJURY (e.g., inne, form, foctory, street, of other street, other street, of other street, of other street, of other street, other street, of other street, of other street, of other street, other street, of other street, other s	No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR 21F. HOW DID tober 7th 19 67 and fiew the body after dea and Med. Director [23D. ADDRESS] VA Ho 3900 Loch Rays MATORY [240]	IN CERTIFYING CO. (If in Boltim INJURY OCCUR? In	city, give exact location) tober 16th 19 67 pinian death occurred an the d 23B. DATE SIGNED October 16, 19 City, town, or county) (State)

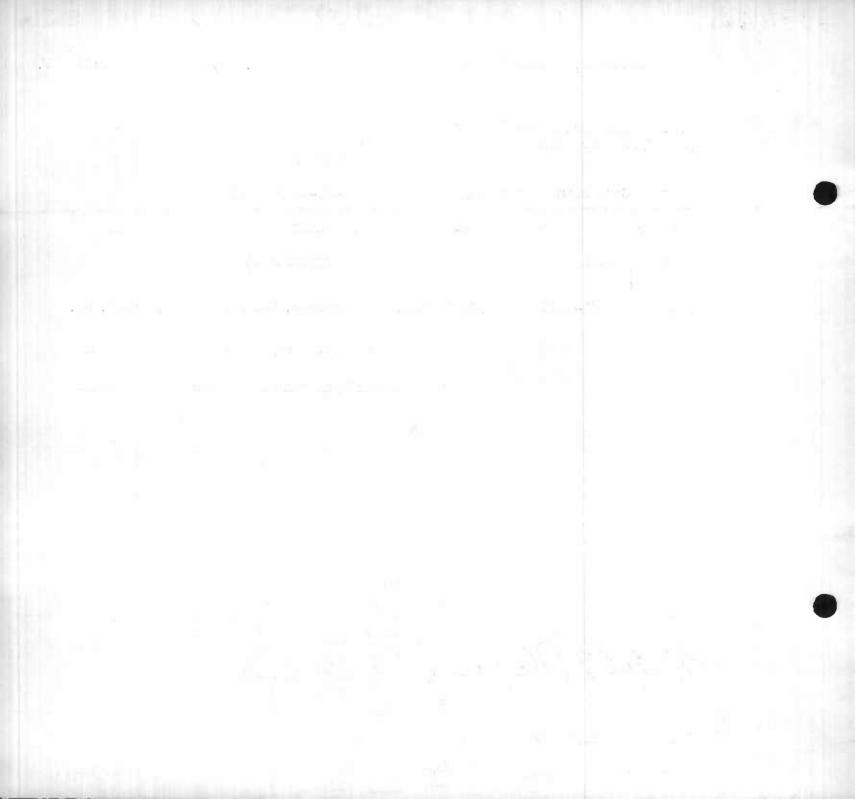
The state of the s The second of th

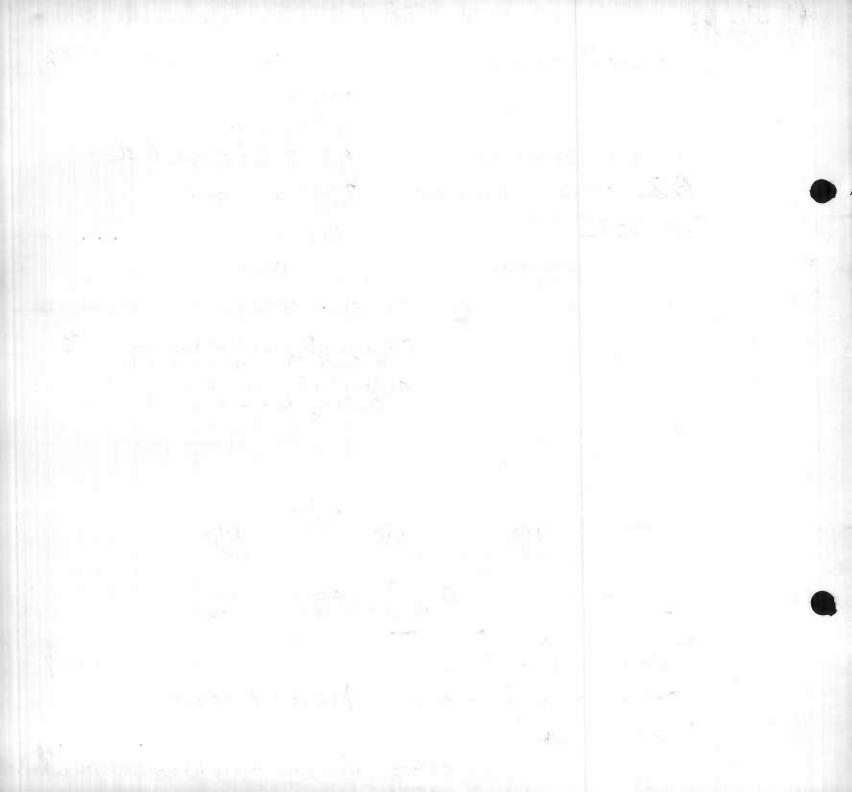
VS 150-REV. 1/1/65



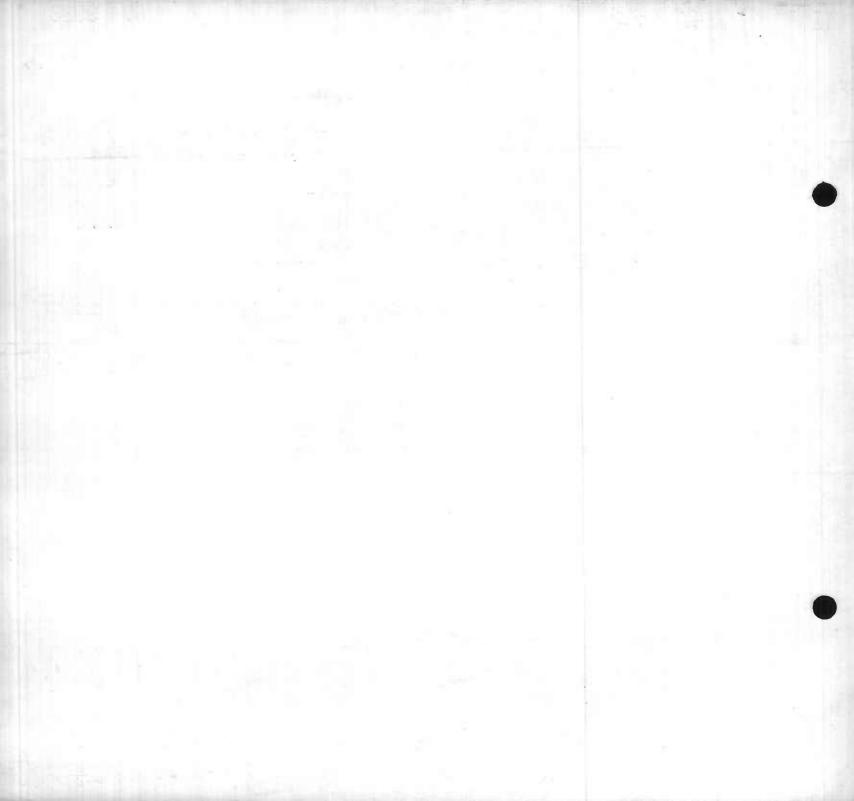
BIRTH NO. M.E. CASE NO.	67	993	CERTIFICA			Registered No.	67 9931
1. NAME OF DE						ID HOUR OF DEATH	
	Littrell, Wal	ter Oli	ver		Oct	. 13, 1967	3:30 P. M.
3. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND		A. STATE	B. COUN		stitution: residence before odmission)
FULL NAME	OF (If not in hospital	or institution,	give sheet	Illinoi	s		
HOSPITAL OR	oddress or location	n)		C. CITY OR TO		tside city limits, write	RURAL and give township)
U.S. H	Public Health		Hospital	Spring			V-II
X 3100 W	lyman Park Dri	ve		D. STREET AD	DRESS (If	rurol, give location)	
				Route	#4		
5. SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BI		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
Male	Caucasian	Nov-17-		43			
	CUPATION (Give kind of world	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fore	ign country)	12. CITIZEN OF
fing ine	f working life, even if retired) מקב			Illino	nis		USA
3. FATHER'S NA				14. MOTHER'S		MA F	00011
	Littrell				erite S		
Hoper c	TT 0 07 GTT			Marge	TETT NE D	ASOUR	
15. Was Decease (Yes, no oi unknow	d Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMAN	T		ADDRESS
	1942-1946		348 09 7414	Recor	de IICE	Letingon 2H	. Balto. Md.
Yes 18.	1/40-1/40		CAUSE O		do, oor	ID HOSPI OUT	INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY					ONSET AND DEATH
	LEADING TO DEATH		Ac	cute Puln	onary E	dema	hours
	not mean the mode of		DUE TO			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	, asthenia, etc. It meons implication which caused						
	ANTECEDENT CAUSES		(D)	ite MAGTO	genous	Leukemia	months
DISEASES	OR CONDITIONS, if	any giving	DUE TO				
	he abave cause (A)		(C)				
UNDERLYIN	IG CONDITION Iosi.						
	11						
OTHER SIGN	NIFICANT CONDITIONS COEATH BUT NOT RELA						
A DISEASE OF	R CONDITION CAUSING	IT.				1	
19A. DATE C	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOF	SY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ER O							
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examiner)	hom etc.	PLACE OF INJURY (e.g., in i.e, form, foctory, street, or)	n or obout 21 C. V ffice bldg., INJU	WHERE DID RY OCCUR?	(If in Bollimore	City, give exact locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hous) 21 E	INJURY OCCURRED	21 F. F	IOM DID INJ	URY OCCUR?	
OF INJURY		Wh	ile At Not While	e			
22. L certif	v that (1) (this hospita					19 to	19
1) last saw the decease						nian death accurred on the date
	nd fram the causes sta						
23A-SIGNAT		Tea abave. (7 (110) (010) (010 1101) (TIEW THE DULLY	uner deum.		23B, DATE SIGNED
UM	1.050 6	10 -	- / M.D. Alle	ending [Med.	Stoff	
1/1.00	rael 6-12	Kegn	Phy	5.	Director	Phys.	
NAME	(Type)	0		23D. ADDRESS			
			M.D.				
24A. BURIAL CR	(Specify) 248. DATE	24C. N.	AME of CEMETERY of CRI	EMATORY	24D. L	OCATION (C	ty, lown, or county) (Stote)
Burial	10/14/6	7	Oak Ridge Ceme	at am		Springfield	Tilinoic
25A. DATE REC'		1	OF_REGISTRAR		AL DIRECTOR		, Illinois ADDRESS
QC	and the second second		Farkerna				Belair Road.

BALTIMORE CITY HEALTH DEPARTMENT

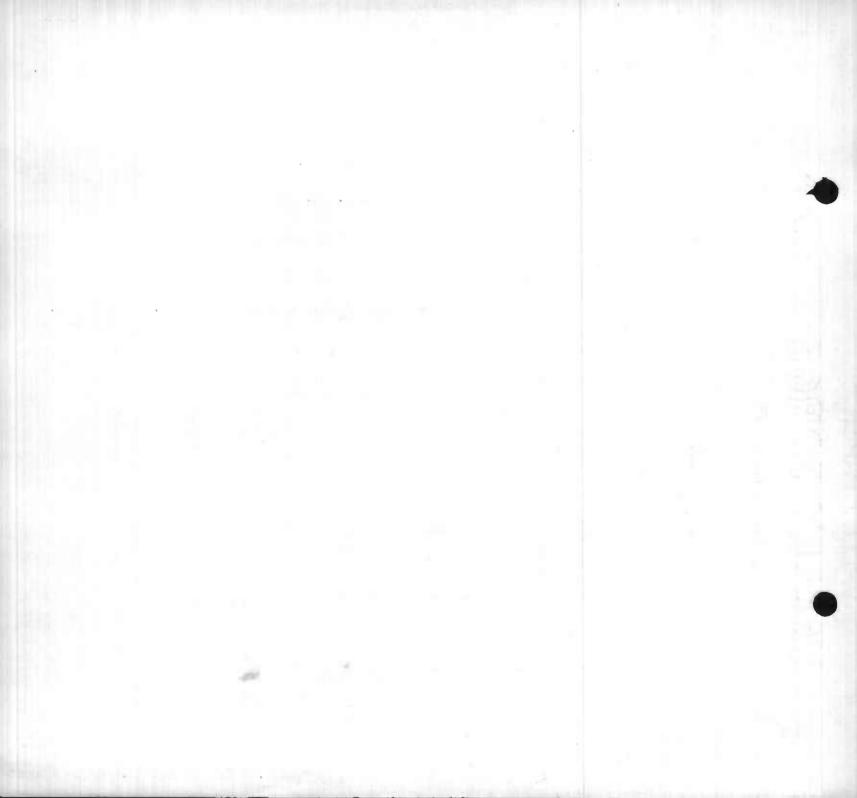




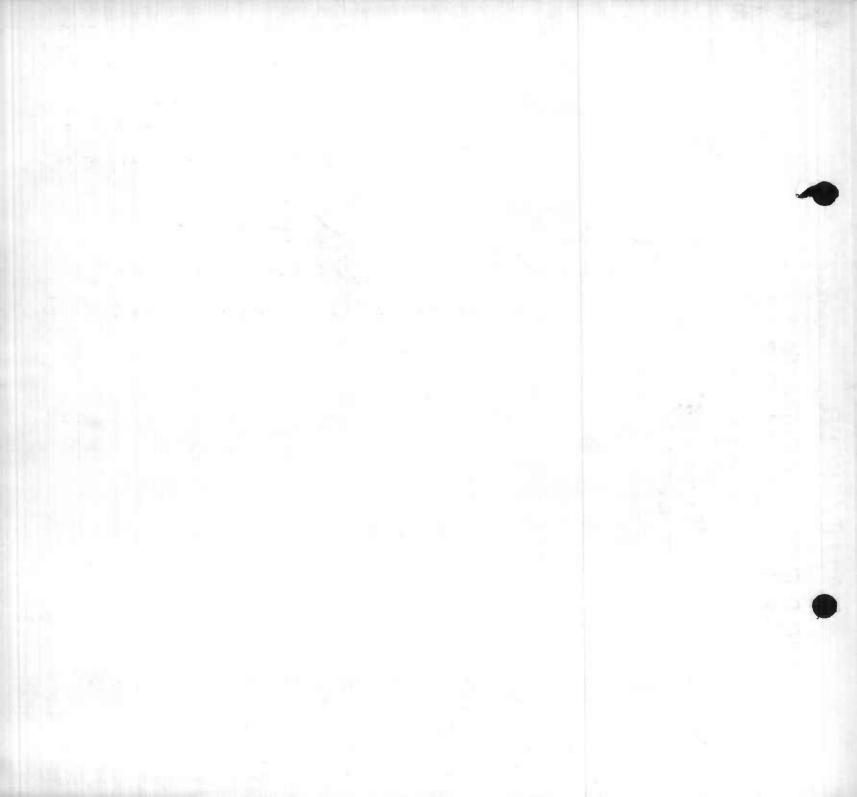
BIRTH NO. 240 67.	9933 CERTIFICA	TE OF DEATH	Registered No	. 67 9933
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARY	Lashley	2. DATE A		H 7 Institution; residence before admission)
FULL NAME OF (If not in hospital or HOSPITAL OR Oddress or location) INSTITUTION BALTIMORE, CIT	institution, give street Y HOSPITAL	C. CITY OF TOWN (IF	WAS utside city limits, writ-	EHINGTON C
3 / 4940 EASTÉRN BALTIMORE, MA		D. STREET ADDRESS (I	RS TOWN Trurol, give location) VELAND AVEN	UE 21740
MALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 6-12-43	9. AGE (In years lost bighdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	OB. KIND OF BUSINESS OR INDUSTR Mack Truck	MARYLAND	eign country)	12. CITIZEN OF
13. FATHER'S NAME GEORGE E. L	ashley	MOSE, M		
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dates	of service) 16. SPCIAL SECURITY NO.	RECORDS: BCH	: 4940 EAST	ERN AVENUE BALTIMOR
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the made of cheart failure, asthenia, etc. It means the made of cheart failure, asthenia, etc. It means the made of cheart failure, asthenia, etc. It means the made of cheart failure, asthenia, etc. It means the made of cheart failure, asthenia, etc. It means the made of cheart failure, asthenia, etc. It means the made of cheart failure, as the made of cheart failure	CTLY dying, e.g., DUE TO he discose,	24 Kemia - M	gelomonoc	interval Between onset and Death
injury or complication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) of UNDERLYING CONDITION last.	(B)			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE			
198. COND WAS PERFO	DRMED	NO		RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?		nore City, give exact location)
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not Wh Work At Wor	ile		
22. I certify that (1) (this hospital) that (1) (we) lost saw the deceased	olive on Octill		hot in my) (our) o	pinlon deoth occurred on the dot
ond hour ond from the couses stote 23A. SIGNATURE ROSA	7), M.D. A	tending Med. Director	Stoff Phys.	238 DATE SIGNED
23C. PHYSICIAN'S NAME (Type OSS T. KREUG		23D. ADDRESS		224
24A. BURIAL CREMATION, 24B. DATE BEMOVAL (Specify)	24C, NAME OF CEMETERY OF C	11 Cem. 1	tagersto	(City, town, or county) (State)
OCT 18 1967 Public by	E. Falley MA	25C. FUNERAL DIRECTO	Mr. Fred	Il 4781 Bonnie B



W-6:	23	0024	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 9934
IRTH NO.	6/	3334	CERTIFICA	ATE OF DEATH	Registered Na	07 0001
NAME OF DE					AND HOUR OF DEATH	
Type or Print)	adie L. Wright			Oct	ober 14, 196	7 3:45 A
PLACE OF D	EATH IN BALTIMORE, MAR	LAND		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If	institution; residence before odmi:
FULL NAME	OF (II not in hospital o	r institution, grv	e street	Maryland		
HOSPITAL OF	d oddress or location)			c. city or town (IF	outside city limits, write	RURAL and give township)
00	1829 W. Mul			Baltimore		O 1000 Cd
00	Baltimore,	Maryland	21223		If rural, give location)	
					berry Street	
SEX	6. RACE		EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours M
Female	Colored	Marri	ed	Dec. 24. 1895	71	
A, USUAL OC one during most of	CUPATION (Give kind of work) of working life, even if retired)	OB. KIND OF B	USINESS OR INDUSTR	T 11. BIRTHPLACE (Stote or to	oreign country)	12. CITIZEN OF WHAT COUNTRY?
House	Wife			North Carol	ina	USA
FATHER'S N	AME			14. MOTHER'S MAIDEN N	AME	
Tim Y-	20112			Martha		
Was Deceas	d Ever in U. S. Armed Force	es?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
es, no or unknov	whill yes, give wor or doles				7020	17 Ma22 annua CA
1B.) /	0./ 1		216-03-7335	B Julian Wrig	ht 1829	W. Mulberry St.
056	ASE OR CONDITION DIRE	CTLV				ONSET AND DEAT
	e, asthenio, etc. 11 means amplication which caused		DUE TO	CNA Deabetes		
	ANTECEDENT CAUSES		DUE TO	15 curves		
	OR CONDITIONS, if a the above cause (A)		(6)			
	NG CONDITION last.		()		0 x 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	II					
	DEATH BUT NOT RELAT					
DISEASE O	R CONDITION CAUSING IT	•	HIGH OBERATION	20A AUTOBEV2 (Vac. a.	Nol 208 IF VEC WIFE	EINDINGS CONSIDERED
19A. DATE	OF OPERATION 198. CONE	ORMED TOK WI	HICH OPERATION	ZOW MOTORZELLIES OF	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIE	DENT WAS UNDERLYING	218. P	LACE OF INJURY (e.g.	in or obout 21C. WHERE DID		ore City, give exact location)
OR CONTR	IBUTING CAUSE OF ify medical examiner	home.	form, foctory, street,	office bldg., INJURY OCCUR?		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. 1	NJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
OF INJURY		While	At Not WI	nile 🦳		
		Work	At Wor	k L.J		, ,
22. I certi	fy that (I) (this haspital)	attended the	deceased fram	Nor	1961 to to	
that (I) (w	e) last saw the decease	d alive an	depo 1	19 6 7 and	that in(my) (aur) a	oinian death accurred an th
and haur a	and from the couses state	ed abave. (I)	(We) (did) (did nat)	view the bady after deat	h.	
23A. SIGN A	TYPE					238. DATE SIGNED
	DIE CENT	11		ttending Med. Director	Stoff Phys.	10-16-6
23C. PHYSIC	IANS			23D. ADDRESS	4.4	
NAME		JEU.	0 4, w M.E	549N.	Fuller	alere
4A. BURIAL C	VRGOT REMATION, 248, DATE		ME OL CEMETERY OF C			City, town, or county) (\$
REMOVAL	(Specify)	1/2	11 + 5	n. (1) d	Kast-	a Sal
Buria	1 10-18-6	25R NAME OF	PEGISTRAP	25C. FUNERAL DIRECT	allema	ADDRESS
			Farber MA			
S 150-REV. 1/		Jul C,	(Charles Ind	Arlington S	. Phillips 1	727 N. Monree St
	1/00					



5-576 67 S	3935 CERTIFICA	Y HEALTH DEPARTMENT	Registered No.	67 9935
THE CASE IT .	CERTIFICA			
I. NAME OF DECEASED Type of Print) SADLER I. PLACE OF DEATH IN BALTIMORE, MARYLAND	ROSIE I	//	13-67	4.40 p
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission
FULL NAME OF (If not in hospital ar institution) HOSPITAL OR address ar lacation)	ution, give street	C. CITY OR TOWN (If ou	BAL	TIMONIS
INSTITUTION		C. CITY OR TOWN (If ou	tside city limits, write	AMRAL and give (awnship)
425INAI HOSA	DITAL		rurol, give lacation)	
/				D1. # 15.
F N. WID	OWED, DIVORCED (specify)	7-11-19	9. AGE (In years last birthdoy)	If Under 3 Yr. If Under 24 Hr. Months Days Haurs Min.
OA, USUAL OCCUPATION (Give kind of work 10 B, KIN tone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
House wife	passers.	South	Carolin	
3. FATHERS NAME	Ilen.	14. MOTHER'S MAIDEN NA	man &	://
5. Was Deceased Ever in U. S. Armed Forces? Yes, na arunknawn)(If yes, give war or dotes of ser	1 6. SOCIAL	17. INFORMANT	11/0/0	ADDRESS
res, no or unknown/hr yes, give wor or doles of ser	J. 142 211922	PMa 1.00, 111	100:	111101 Mario)
18.600,01	CAUSE	OF DEATH	mayre)	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Uremia.		ONSEI AND DEATH
(This does not mean the mode of dying,	e.g., DUE TO	0 / 6 300 / 67 .	*******************************	
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	eose,	, ,		
ANTECEDENT CAUSES	(B)	rouic Renal	Insuffic	ieury.
DISEASES OR CONDITIONS, if ony,	iving DUE TO	brouic Renal	10	- Usar
rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	the (C)	11041 71/41	onegner	
II				
OTHER SIGNIFICANT CONDITIONS CONTRIB		CUD.		
DISEASE OR CONDITION CAUSING II.			U 000 10 V00 1100	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No	IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.)	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltima	e City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Who At Work At Work	ile		
22. I certify that (1) (this hospital) atten	ded the deceased fram	10-9-	1967 to	10-131967
that (I) (we) last saw the deceased alive	on 10-13	19 4 2 and th	at in (my) (aur) ap	inlan death accurred an the de
and hour and fram the causes stated abo			_	
23A. SIGNATURE				23B, DATE SIGNED
J. Sam	M.D. At	ys. Med. Director	Staff Phys.	
23C. PHYSICIAN'S NAME (Type) FRANCIS	M.D. APPH CO SAENZ M.D	23D. ADDRESS . H. O. 5	INA! 1	+05PITA6
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY or C	REMATORY 24D. L	OCATION (C	ity, tawn, ar county) (State)
A DIABLE	Il mites	1 (1	ouer	1 (0
Ilemana In Inda	01/1000012			
25A. DATE REC'D BY HEALTH DEPT. 25B, NA	AME OF REGISTRAS	25C FUNERAL DIRECTO		ADDRESS



	67	7 9936 CEDILLICA	Y HEALTH DEPARTMENT		0000
BIRTH NO.	U.	CERTIFICA	ATE OF DEATH	Registered Na.	- 67 9936
M.E. CASE NO.	FCFACED	GERTIN 107			
Type or Print)		1.9		AND HOUR OF DEATH	1.2 1.
	Elizab	U	,	/17/67	11201.
3. PLACE OF C	DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived. If i	institution: residence before admiss
				yland	
FULL NAME		or institution, give street			
INSTITUTION	0001033 01 1000110	•			RURAL and give township)
			Baltimore		10-01
)()107	N. Manroe S	treet		(If rurol, give location)	
			107 N. MC	onroe Stree	t
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 I
F	C	WIDOWED, DIVORCED (specify)	3/23/14	lost birthdoy)	Months Days Hours Min
43 1151111 0.6	nounce list for the	****	, ,		
	of working lite, even if retired)	108. KIND OF BUSINESS OR INDUSTR	IT 11. BIRTHPLACE (State or	toreign country)	12. CITIZEN OF WHAT COUNTRY?
			Maryland	3	U.S.A.
13. FATHER'S N	AAF		14. MOTHER'S MAIDEN		0.5.4.
James	s Jefferson		Matilda Br	ack	
5. Was Deceas	sed Ever in U. S. Armed For		17. INFORMANT		ADDRESS
ites, no or unkno	wn) (If yes, give wor or date	s of service) SECURITY NO.	Motaldo Te	alegan 10m	N. Monroe St.
			Matilda Ja	ackson 107	N. MOIH.OB 20.
18.	201	CAUSE	OF DEATH	1	INTERVAL BETWEEN
DICE	ASE OR CONDITION DI	DECTIVE IN		100	ONSET AND DEATH
, DIZE	LEADING TO DEATH	RECILT	. Charland	Lacture	
		(A) /C	espendary +		
heart failus	s not meon the mode of re, osthenio, etc. It meons	dying, e.g., DUE TO			
	omplication which caused		annul alla	col harma	
	ANTECEDENT CAUSES	(B) (C)	nonary or	CCUSTY	
		DUE TO	1 // .		
	OR CONDITIONS, if the obove couse (A)		es bo le mais	lacture clusini	
	ING CONDITION lost.	slowing the (C)	1/02/11		
7					
OTHER SIG	SNIFICANT CONDITIONS C DEATH BUT NOT RELA	CONTRIBUTING			
	OR CONDITION CAUSING				
U 19A. DATE		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE	FINDINGS CONSIDERED
C C C C C C C C C C C C C C C C C C C	WAS PER	rowico		IN CERTIFIENG C	AUSES OF DEATH?
U 121A. A CCII	DENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DIE	O (If in Boltimo	re City, give exact location)
OR CONTR	IBUTING CAUSE OF	home, form, factory, street,	office bldg., INJURY OCCUR	?	71. 3
U	tify medical examiner)	etc.)			
□ 21D. TIME	(Month) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		While At Not Wh			
(APPROX.)		Work At Wor		1	
22. I certi	ify that (1) (this hospital) attended the deceased from	mail	107 to 101	CL 17 1067
		5.111	2 10/67	C.	7
	ve) last saw the decease				inlan death occurred an the
and haur	and from the causes sta	ted abave. (1) (We) (dld) (did 1161)	view the bady after dea	th.	
23A. SIGNA		DA			23B. DATE SIGNED
	1/2/1/1/200	M.D. A	ttending Med.	Sloff	101,-11
0	XXXXXX	PI	nys. Director	Phy s.	10/1/67
23C. PHYSIC		11	23D. ADDRESS	1	. D A 1
NAME	(Type) BIRI	ECKU) M.C	bally	Mens en	f 100 PK 1711
	15010	N /	00/11	1 - A h hat ! X	1 / www / / v
24A. BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 240	LOCATION (C	Cily, town, or county) (Sto
	7 70/00	/GR 15 007	77		7
Buria		67 Mt.Calvery		brooklyn, M	ar y land
25A. DATE REC	O'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
	OCT 1 9 1067	DO & & Str. On the	Unarles A	WIGG POT	W. Barre St.
	TABLE A G TOUL				



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)

ARVIE D. CANNADY B.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

2. DATE AND HOUR PRONOUNCED DEAD

October 14, 1967

9:15

FULL NAME OF HOSPITAL OR INSTITUTION

BIRTH NO.

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

C. CITY OR TOWN (If autside corporate limits, write RURAL and give tawnship)

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE Maryland
B. COUNTY

Baltimore

D. STREET ADDRESS (If rural, give location)

3916 Woodhaven AVE.

5. SEX Male

1B.

6. RACE Negro

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 3/28/48

9. AGE (In years lost birthdoyl

If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.

INTERVAL BETWEEN

10A, USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

879 Bethune Rd.

Maryland 4. MOTHER'S MAIDEN NAME 2. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

Joe Lee Cannady

Louise Williams 17. INFORMANT

intravemous narcotism

CAUSE OF DEATH

ADDRESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na arunknown) (If yes, give war or dates of service) No

6. SO CIAL SECURITY NO. 215-46-7169

DUE TO

DUE TO

Louise Bryan

3916 Woodhaven Ave

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)

ANTECEDENT . CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

(Yeor)

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

Bilateral bronchopneumonia complicating ONSET AND DEATH

(heroin)

21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., NJURY OCCUR?

21D TIME OF INJURY (APPROX.)

CERTIFI

Σ

NOT WHILE WHILE AT [m. WORK

21E, INJURY OCCURRED

ond that on this basis, death in my opinion

23D. LOCATION

22. I certify that I held on Inquiry resulted from: Notural causes X

(Month) (Day)

Inspection Accident

Autopsy X Suicide Homicide ___

Undetermined manner

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X

21 F. HOW DID INJURY OCCUR?

DATE SIGNED

(Stote)

EXAMINER'S NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

Charles S. Springate, M.D.

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

10-14-67

ADDRESS

23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Burial

10/18/67

Mt. Auburn

23C. NAME of CEMETERY or CREMATORY

Baltimore, Maryland

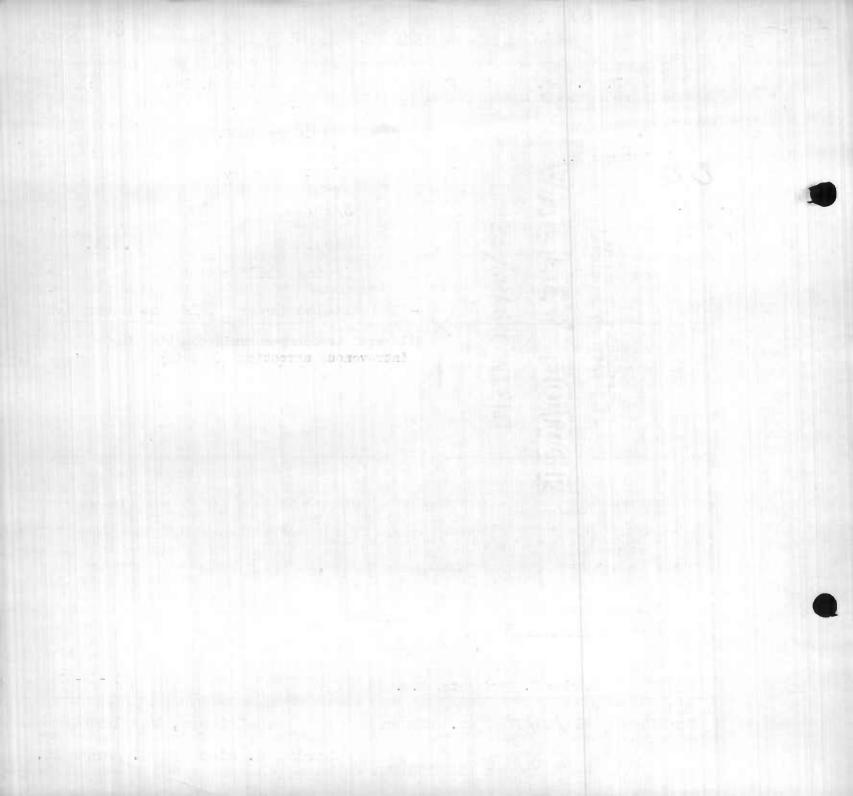
(City, town, or county)

18 1967 Robert E. Farluna

24B, NAME OF REGISTRAR

Charles A. Rice 661 W. Barre St.

VS 151-REV. 1/1/65



	of d Obece or or
	hosp Jse (5) lanc dec
	cau cau tend
	ting d ca d ca orior
	ribu ine ular ular nad
	occontine erm reg ease
	or on det
	was was pos
Z	dird d; (d nth on
RTA	the kin dec
PO	if any any ced nda
3	Also e of noun atte
ä	er. ctur pror
013	amin min fra ho egu
RE	exe (3) / n w in r
۵	dical ical ins; icia vas nain
RAI	med bur bhy
FUNERAL DIRECTOR: IMPORTANT	Sody Sody the sici
5	he of least
	by the price, who who do be
	hos nature d (6
0	the any (exc
	d to d to t of ital ital
	ust hease
	accellate to
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of d shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.
	ody S: (1) Sed
	nis c now: as I eced
	下士は3万多

			Y HEALTH DEPARTMENT		01
BIRTH	NO. 67	9938 CERTIFICA	TE OF DEATH	Registered Na	67 9938
	CA31 110.	CERTIFICA			
	ME OF DECEASED	1	2. DATE AN	D HOUR OF DEATH	135
Type (or Print) CLINTON,	4 ENRY	10/	6/67	1/ = D
. PLA	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	o decoosed lived. Il ins	stitution: residence before admissi
			A. STATE B. COUN	TY	
FUL	LL NAME OF (If not in hospital or instit	ution, give street	MD BA	ALTIMORE	
	SPITAL OR oddross or location)	/	C. CITY OR JOWN (If out	side city limits, write R	URAL ond give towartip)
1113	INIVERSITY OF M	DIHOSPITAL	BALTIMO	PE	13-01
(ON TOOKS IT TO	7,0-0,7		rural, give location)	, 0 - 1
	24				
	2 0			BERRY S	
- SEX	6. RACE 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	II Under 1 Yr. II Under 24 H Months Doys Hours Min.
	M NEGRO	MARRIED	10/2/03	64	20,5
63 11	SUAL OCCUPATION (Give kind of work 108, KI			an country)	12, CITIZEN OF
	uring most of working life, even if retired)	, 003111E33 OK 111D031K			WHAT COUNTRY?
0	Construction - Corps	enter	S. Caroli	re	USA
3. FA	THER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	1 (4/1)	10,4	~ 11		
	out william	(kunon	FLLA 14	000	
5. Wo	s Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	o or unknown) (If yes, give wer or dates of se	rvico) SECURITY NO.	A way = C		
1	No		MUNIE C	LINTON	SAME
18.	4001	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH		STROKE		111111111111111111111111111111111111111
(T	This does not meon the mode of dying,	e.q., DUE TO			3 3 3 7 3 3 4 6 6 6 9 3 7 5 7 5 8 3 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
he	earl foilure, asthenia, etc. Il means the di	seose,			
in	njury or complication which coused death.		ASCUM		
	ANTECEDENT CAUSES	(B)	N3C 0 D	o~ ~~o cocce coo ~ coo co a coo co co a co a co	
10	SEASES OR CONDITIONS IS	DUE TO			
	DISEASES OR CONDITIONS, if ony, se to the obove couse (A) stoling				
	INDERLYING CONDITION lost.	(6)			
-					
Z	II	BUTING			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED 1	O THE			
	DISEASE OR CONDITION CAUSING IT.				
은 19	A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or No	IN CERTIFYING CAL	INDINGS CONSIDERED
CERTIFIC 16	O VAS FERFORME			CERTITIO CAC	July of Death:
U 21	A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (0.g.,	in or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
_ 0	R CONTRIBUTING CAUSE OF	homo, lorm, foctory, stroot,	office bldg., INJURY OCCUR?		
U	EATH (notify modical examiner)	etc.)			
21	D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
>	FINJURY	While At Not Wh			
(A	APPROX.)	Work At Work	. 🗀		4
22	2. I certify that #(this hospital) atter	nded the deceased from	1100	1960 to PA	Lesent 19
		10 / -			
	nat 🦚 (we) last saw the deceased aliv			at in (aut) (aut) opin	nian death accurred an the d
or	nd haur and fram the causes stated abo	ave. (1) (1) (did) (didnet)	view the bady after death.		
	A. SIGNATURE	7	-		23B. DATE SIGNED
	1,00 - 111/	M.D. AI	ttending Med.	Stoff -	10/1/12
	Melion 010	acces Ph	ys. Director	Phys.	10/6/6/
23	C. PHYSICIAN'S		23D. ADDRESS	,	
	NAME (Type)	Raylile un	11, 1000	1/	3 /
	WILLIAM V.	DANKS M.D	UNIVERSITY	HOSPITA	+
24A. 8		24C. NAME of CEMETERY OF C	REMATORY 24D. L	OCATION (Cit	ly, town, or county) (State
/2	REMOVAL (Specify)	mit auch	1-11	2011	1170 Man
10	Jurgas 19196/	mo much	10 /	xee Inn	www. my
25A. C	DATE REC'D BY HEALTH DEPT. 258, N	AME OF REGISTRAR	25C, FUNERAL DIRECTOR	0.0.	614/ Barres
	DCT 1 8 1967 (R.C	. F E , Farber M.	Challon	a Kuco 6	6 IW Barres
			Con Cos	1000	
10 300	0-REV. 1/1/65				



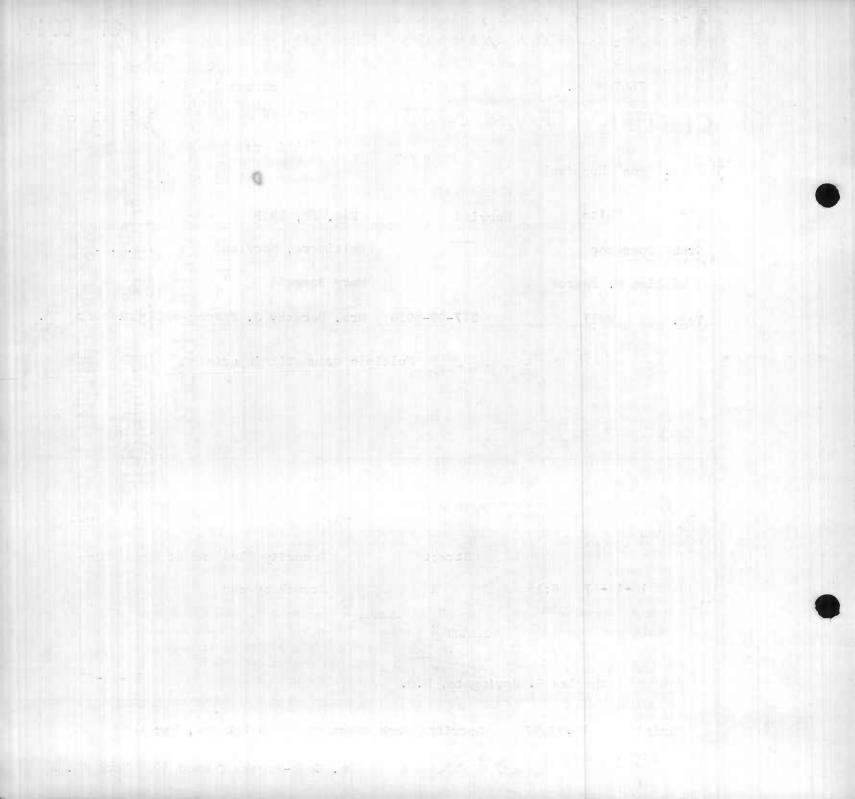
VS 150-REV. 1/1/65

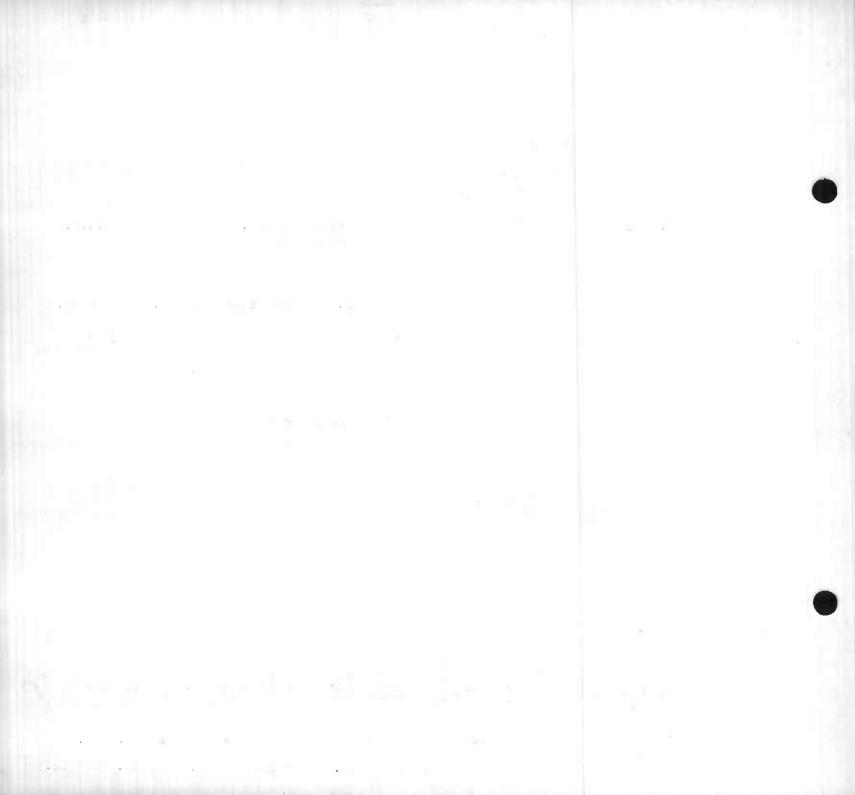


a hospital and

1-1-20	00 6"	994		HEALTH DEPARTMEN		67 9940
BIRTH NO.	07	334	CERTIFICA	TE OF DEAT	H Registered No.	
M.E. CASE NO.	CEASED			2. DAT	TE AND HOUR OF DEATH	1
	erick Hess				ETOBER 13	
	EATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE		institution: residence before odmissio
FILL NAME	OF Office to bearing	t as to attend a			OUNT	
FULL NAME		on)	give street	Maryland c. city or town	(If outside city limits, write	RURAL ond give township)
INSTITUTION	Ashburbon H	ome				15-11
40	3520 N. Hil	ton St.		D. STREET ADDRESS	(If rural, give location)	13-11
ν				3520 N. H	ilton St.	
SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
Male	Cau	Sing	les (specify)	Oct. 14, 1	885 81	Months Days Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF
_	ol working lile, even if relired)		Doltimono	W.J	WHAT COUNTRY?
3. FATHER'S NA	erhanger			Baltimore,		U.S.A.
NIAIHEKS IV	47412			14. MOTHER'S MAIDER	NAME	
	derick Hess			Katie Ke	ener	
5. Was Decease fes, no ar unknov	ed Ever in U.S. Armed F vn)(If yes, give wor or do	orces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Mr. Albert H	ess 3028 Matth	hews St.
1B. 6/	0.0		CAUSE O	FDEATH		INTERVAL BETWEEN
/ 100	ASE OR CONDITION D	IRECTLY		/		ONSET AND DEATH
	LEADING TO DEATH		Arter	inscleration he	eart diseas	e 2 years
	not mean the mode of		DUE TO	***************************************	****************************	
	e, asthenia, etc. It meon implication which cause					
	ANTECEDENT CAUSE	S	(B)			88 ***********************************
DISEASES	OR CONDITIONS, if	any giving	DUE TO			
	he above couse (A		(C)			
UNDERLYIN	NG CONDITION last.					
	- 11					
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE		G F	6 1 41	Large	1400
DISEASE O	R CONDITION CAUSING	IT.	Cerel	bra/ throm	2313	Terr
19A. DATE O		NDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?
LU LUC				NO		
OR CONTRI	ENT WAS UNDERLYING		PLACE OF INJURY (e.g., in e, form, foctory, street, of	fice bldg., INJURY OCCU	tD (If in Boltimo	are City, give exact location)
ט	fy medical examiner					
OF INJURY	(Month) (Day) (Year		INJURY OCCURRED		D INJURY OCCUR?	
(APPROX.)		Wh Wo	ile At Not While		410	
22, 1 cartil	y that (I) (this haspit	al) ottended +		March 10	1967 to	Oct 13 1067
			Dc4 12	1-1		17
	a) last sow the deceo			/		oinion death occurred on the d
		oted obove. (l) (We) (dld) (did not) v	iew the body ofter de	ath.	
23A. SIGNAT	URE A	2 14	7		F. 11	23B, DATE SIGNED
1	Cumam	1 Hus	M.D. Atte	Med. Director	Stoff Phys.	001.16,1961
23C. PHYSIC	IANS ARRAHAI	nB Hu	ew in	23D. ADDRESS / 1-)		P 115 1. 1
NAME	CARRIE A NA INST.	, / /	M.D.	750/ 410	erky Kost	Deltimpe Md.
4A. BURIAL CE	REMATION, 24B, DATE	24C. N	AME OF CEMETERY OF CRE	MATORY 192	4D. LOCATION (C	City, town, or county) (State)
REMOVAL	(Specify)	10-				
Buria			timore Cemeter		Balto. City	
5A. DATE REC'	T TO TOCT		DE REGISTRAR	25C. FUNERAL DIRE		ADDRESS
UU	1 TO 1901 OF	but E.	tarber MA	Wm. Cook-	Brooks, Inc.	1217 St. Paul St.
S 150-REV. 1/1	/65			0 9 9 0		







	67	9943 BALTIMORE CIT	Y HEALTH DEPARTMENT		67 9943
BIRTH NO, M.E. CASE NO.		CERTIFICA	ATE OF DEATH	Registered No.	0, 0040
Type or Print)	FCFASED	FRANK.		6-67, 4-	40 PM.
PLACE OF	DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If i	nstitution: residence before odmiss
FULL NAME	OF (If not in hospital or	institution, give street	MARYLAND		
HOSPITAL O	R oddress or location)			tside city limits, write	RURAL and ive (waship)
61.00	ERAN HOSPITAL	OF MARYLAND	BALTIMORE		17.15-6
LUIN	EWINA MODITIVE		1336 N MOC	rurol, give location)	
5. SEX	6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9 AGF (In years	If Under 1 Yr. If Under 24 Months Doys Hours Min
MALE.	C	WIDOWED, DIVORCED (specify)	1.15.79.	last birthday	Monins Doys Hours Mile
		B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
400	of working life, even il retired)		ALARAI	MA	45.0.
3. FATHERS N	ETIRED AME - UNKNOWN	V	14. MOTHER'S MAIDEN NA	ME	4,0,-
C	PRRIE BANKS	DAUGHTER.	11.41	VALLERAL	
	ed Ever in U. S. Armed Force		17. INFORMANT	KNOWN	ADDRESS
Yes, no or unkno	wn) (If yes, give wor or dotes	of service) SECURITY NO.		11/ 11=1	
180		166-07-4735	CAKKIE BAN	1KS 1336	NO MOUNI St.
118. 4	21/4-00	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRE				
/This does	LEADING TO DEATH not meen the mode of d	(A) URE	FMIR, CHRONIC PYELDI	NEPHRITIS	22 T 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
heort foilus	e, osthenio, etc. Il meons th	ne diseose,			
injury or c	omplication which coused d	eoth.)	VD- HEART FAIL	unt	475
	ANTECEDENT CAUSES	DUE TO	<u> </u>	V/SC	als are declarate until the field of declarates as as as an electrical as morely 4 as als 4 declarate in classic 40 declarate in classic accurate in 40 declarate in 40 declarate in classic accurate in 40 declarate in 40 de
	OR CONDITIONS, if on the obove couse (A) s		WIC INACTIVE LYMPH	DD CAUSIC	
	NG CONDITION lost.	ioning ine	SUSPECTED TUBERCU	LOSIS LUNG.	
	11		, , , , , , , , , , , , , , , , , , , ,		
	INIFICANT CONDITIONS CO				
A DISEASE C	DEATH BUT NOT RELATED CONDITION CAUSING IT.	ED TO THE			
U 19A, DATE	OF OPERATION 198. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (or N	O) 20B. IF YES, WERE	FINDINGS CONSIDERED
E C			(NO)		
OR CONTR	BUTING CAUSE OF	home, farm, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct locotion)
0	tify medical examined	etc.)			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
(APPROX)		While At Not WI			
22. I certi	fy that (1) (this hospital)	ottended the deceased from		19to	19
	e) lost saw the deceased				Inion death occurred on the
					imon death occurred on the
23A, SIGNA		d obove. (1) (We) (did) (did not)	view the body after deoth.		
-71		11	Manding - Adad -	Short -	238. DATE SIGNED
IN		a. M.D. A	ttending Med. Director	Staff Phy s.	
23C. PHYSIC	CIAN'S (Type)		23 D. ADDRESS	1,	
	THANKAM B	. PILLAI M.O	LUTHERAN 1	HUSPITAL	OF MARYLAND.
24A. BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETERY or C			City, town, or county) (State
MOVA	(Specify) 17.31-1-	7 ALARHEN	VV D	TICAL	2 G. U. O.
25A, DATE REC	D BY HEALTH DEPT. 12	58. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	INDUL	ADDRESS
COM. DATE REC		O CO TO TO	10 CEDIL L	1116-11	11. 40 Al Por a 1.21
	OCT 18 1967 (LEUT E, Jakeur	DWEIT	YYI O ITI	M DAONAN, KILCO
VS 150-REV. 1/	1/65			-	



VS 150-REV. 1/1/65

From Payer merceral

Masses 1 E

FA. 1 Mai local

MAG

CEREBRAL APP SUBMARANCE APROPRIESE

UNOISHERPHY THRUSHAM

10/24/23 23400

Jany Comes

October 19 67 October 10 67

Galouel Pal CUEL SM CH Z-P/LPEP)E THE ULLE PAR SHE TAL

X October 10 180

BALTIMORE CITY HEALTH DEPARTMENT 67 9945 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9945

AAT CASE NO		MILD	CAL LA	AMII YER O CI	LKIIIICA	12 01 1) L/		
M.E. CASE NO.	CFASED					2 DATE ANI	D HOUR PRONOUNG	CED DEAD	
(Type or Print)		D		RONE			er 16, 196		9:00 P
LUTH 3. PLACE IN BAL		LAND, W	HERE PRONOL		4. USUAL RESIDAL STATE Mary 1:	DENCE (Where	deceased lived. If ins B. CO	titutian: resider	
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT I	OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OF TO	WN (If oulside	e corparate limits, wri	le RURAL and	give township)
43 South	n B alti m	ore G	eneral		Baltin D. STREET ADD		give location)		00
							ier Street		
5. SEX	6. RACE	0		NEVER MARRIED DIVORCED (specify)	5-12-4		9. AGE (In years lost birthday)		Yr. If Under 24 Hrs. Dys Hours Min.
		kind of worl		BUSINESS OR INDUSTRY				12. CITIZEN	
Fork Lift			Lord I	Balto. Press	Baltim	ore, Mai	cyland	U.S.A.	COUNTRY?
3. FATHER'S NAM	ME				14. MOTHER'S A	AAIDEN NAMI			
David Ron					Mary H	olden			
Yes, no or unknown				16. SOCIAL SECURITY NO.	17. INFORMANT	Wa.		ADDRESS	21218
no				219-38-2395	Mrs. Cel	este Kor	ne 1411 Mon	tpeller	St. XXXXX
DISEASES RISE TO THUNDERLYI OTHER SIG TO THE DISEASE OF	nal mean the c, asthenio, etc. mplication whice ANTECEDENT OR CONDITION HE ABOVE CAING CONDITION GONE CONDITION OF CONDITION F OPERATION	CAUSE: ONS, IF A USE (A) ST ON LAST. NOT REI CAUSING	the disease, death.) NY, GIVING ATING THE CONTRIBUTION ATED TO TO TO THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION FOR VENEZUE TO THE CONTRIBUTION FOR VENEZU		20A. AUTOPS'		208, IF YES, WERE F		
O UNDERLYING	L CAUSE WA COR CONTRIB USE OF DEATH		21 B. home,	PLACE OF INJURY (e.g., farm, lactory, street, a	in or about 21 C. INJUR				
2				Street			Light Sts.	(inters	section)
OF INJURY	(Manth) (D	6:10		HILE AT NOT YORK AT W	WHILE	to colli	Pas	senger :	in auto-
22.	tify that I he	ld an l	nquiry 🗌	Inspection X Aut	opsy an	d that an thi	s basis, death in	my apinian	
resu	Ited from: No	atural ca	ses A	ccident X Suicid	e Homic	ide 🗌 🗆 U	Indetermined mont	ier 🗌	
ACTUA		100	esh	907 M.D.		EDICAL EX			DATE SIGNED
SIGNAT EXAMIN NAME (VER'S W	erner	U. Spit		ASSOCIATE A				10/17/67
23A, BURIAL CRE	MATION, 23E	. DATE	230	. NAME OF CEMETERY O	CREMATORY	23 D. Le	OCATION (City	, town, or cou	nty) (State)
Burial		0-20-		Arbutus Memor:			imore, Mar		
24A. DATE REC'D	-4	1967	Robus	E, talley M.A.			1735 Harfo Jones, Jr.	rd Aven	ue services

219-38-2395 Mrs. Colours Note 1411 Montreelles for 22528

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANI

DIRECTOR:

FUNERAL

Md Balt Gry Naven Memeryles Baltimore 3402 The Plumeda Pennsylvania Mary Bardelman George Schott wife Same UNKNOWY Ca of Kidney & metastali

VS 150-REV. 1/1/65



BIRTH NO.	67 99	1/14	ATE OF DEATH	Registered Na	67 9949
M.E. CASE NO. 1. NAME OF DECE (Type or Print)	ASED H. WARREN HANCOCK		2. DATE	AND HOUR OF DEATH	3:10 AM
FULL NAME OF HOSPITAL OR INSTITUTION	TH IN BALTIMORE, MARYLAND (If not in hospital or institutio oddiess or location) HNS HOPKINS HOSPI		MARYLAND C. CITY OR TOWN (IF O	outside city limits, with	stitution: residence before odmiss
33	HNS HUFKINS HUSFI	ING	1418 NORTH	Il rurol, give locotion) (EDEN STREET	,
		ED, NEVER MARRIED WED, DIVORCED (specify) ngle	8. DATE OF BIRTH 12-03-20	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
done during most of w	vorking lite, even if retired) Con	struction	Va.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	ER HANCOCK		14. MOTHER'S MAIDEN N		
15. Wos Deceosed	Ever in U. S. Armed Forces? (If yes, give wor or dotes of service WWTT	1 6. SOCIAL SECURITY NO.	17. INFORMANT	100k 3190 F	ederal Street
DISEAS	E OR CONDITION DIRECTLY		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
heart failure, injury ar com	ol mean the mode of dying, e. asthenio, etc. It means the diseo plication which coused deoth.) ANTECEDENT CAUSES	.g., DUE TO	Jephini		224 hrs
DISEASES O	R CONDITIONS, if any, giving obove cause (A) sloting to CONDITION last.				
E TO THE DE	FICANT CONDITIONS CONTRIBUTE EATH BUT NOT RELATED TO CONDITION CAUSING IT.	TING THE	dublilities		
OR CONTRIBU	WAS PERFORMED IT WAS UNDERLYING TING CAUSE OF	PR WHICH OPERATION 218, PLACE OF INJURY (e. chome, lorm, foctory, street, etc.)	20A. AUTOPSY? (Yes or YES g., in or obout 21C. WHERE DID office bldg., INJURY OCCUR?		FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At		NJURY OCCUR?	1
	that (I) (this haspital) attende	10/17	10/16/ 19.67 and	19 6) ta that In (my) (aur) api	nian death occurred an the
23A. SIGNATU	1. H Keed	M.D.	Attending Med. Director	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIA NAME (T)	George H. RE	ERD W	201167	topkins	
24A. BURIAL CREA REMOVAL (S Burial	10/20/67	NAME of CEMETERY of Balto Nation	nal Cem. Be	alto., Md.	ly, lown, or county) (Sto
25A. DATE REC'D		LE OF REGISTRAR	25C. FUNERAL DIRECT	928 E. N	orth Ave.

Sephermi Phinnerul

624455

[2/11/01

o c./01 to ye./a ulas J. A Reed

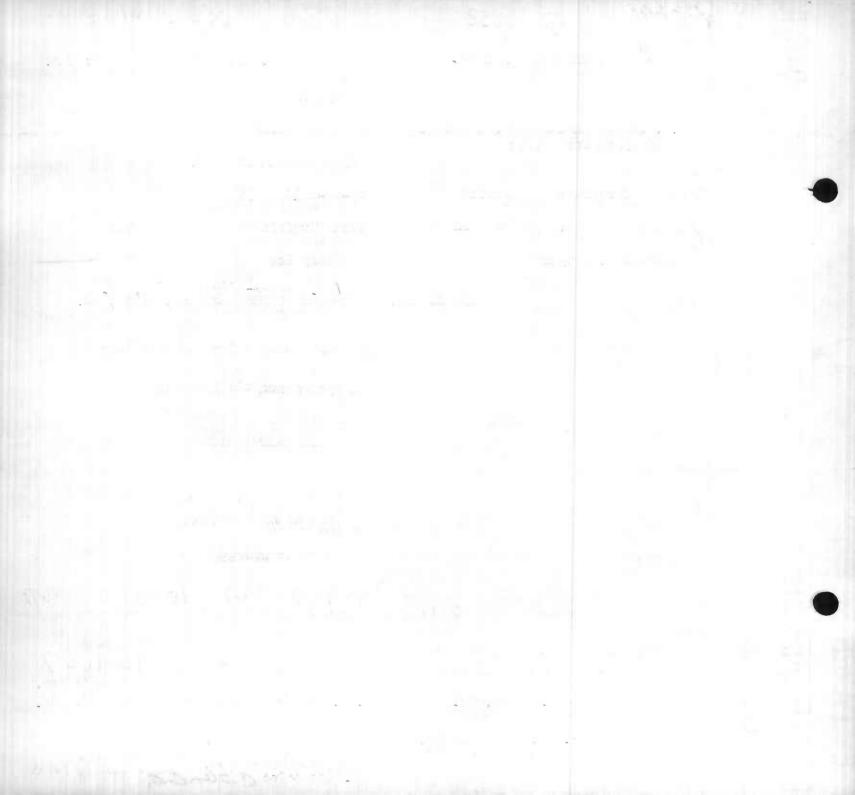
CEDERA H READ zursalah zumhil

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission (If autside city limits, write RURAL and If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. RECORDS: BCH 4940 EASTERN AVENUE BALTO. MD. INTERVAL BETWEEN ONSET AND DEATH (Qal) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES (If in Baltimare City, give exact lacation) and that(in(my) (aug) apinion death occurred on the date 23 B. DATE SIGNED IMORE CITY HOSPITALS (City, town, or county) MAME OF REISTRAR Baltimore, Maryland Calles Freneral Heme VS 150-REV. 1/1/65



dist. Lengart Laneman Trough. - D 10E 2-11-7 80 t H. Z. U Kingthreal abdominal 185 Litter ha A 1 THE STATE OF THE 1 Antes Americano 2" To HATSEND 第一年 1 1 1 1 1 1 1 10/18/67 regime that theregon En En En En on En on Roma A - admits 10/13/67

BIRTH NO.	600 67	995	52 CERTIFICA	TE OF DEATH	Registered No	67 9952
N.E. CASE N 1. NAME OF (Type or Print	DECEASED			2. DATE AN	11, 1967	9:00 A.
FULL NAME HOSPITAL INSTITUTION U.S	ME OF (II not in haspital OR oddress or locatic	ar institution, on) 1 Service	give street	A. STATE B. COUNTY OF TOWN (IF OUR SILVEY Spring	ontgomery tside city limits, write	institution: residence before admission Co RURAL and give tawnship)
5. SEX Male	Caucasian	Marr	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH Aug_10_1930 11. BIRTHPLACE (State or fore	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during m	anic & Manager		Station	West Virginia	ign counity)	WHAT COUNTRY?
13. FATHER'S	name narles A. Bowyer	•		Fanny Lee	ME	
15. Was Dec (Yes. no or un) NO	eased Ever in U.S. Armed Fo known) (If yes, give wor or dot	rces? es of service)	16. SOCIAL SECURITY NO. 235 46 8609	opal Source Records USPI	-Silver Sp.	ring, Manager Md.
DISEAS iise Io UNDERI	ANTECEDENT CAUSE: ES OR CONDITIONS, if the above couse (A) LYING CONDITION last.	any, giving stating the	(C)	cute myelomon es	tic leukem	ia
A DISEASI		t.T.	WHICH OPERATION	20 A. AUTOPSY? (Yes or No		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYING [ITRIBUTING CAUSE OF	218 hon etc.	ne, lorm, foctory, street, of	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
21 D. TIM OF INJU	IRY		INJURY OCCURRED Not While At Work	21 F. HOW DID IN.	JURY OCCUR?	127-7
that (I)	ertify that (1) (this hospital (we) lost sow the deceas	ed olive on	10.11	19 6 7 ond th		pinion death occurred on the do
23A. SIG	STCIAN'S ME (Type) Peter P	Judas	June M.D. Atte	meding Med. S. Director 23D. ADDRESS U. S. Public Ho	Stoff Phys.	23B. DATE SIGNED 10.11.67 Baltimore,
24A. BURIAL REMOV	CREMATION, 24B. DATE	24C. N	AME of CEMETERY of CRE Louisa, Kent	EMATORY 24D. L		City, town, or county) (State)
	F 1'8"1967 OU. C	29 NOME	E ASSIPA	25C. FUNERAL DIRECTO		34 7a. and. md



Vaces Alemand Happins 1325 Taple Herman 1 34/4/8 187 he while Bullman Marphad 64.16 Just South Carol 5.14. Thomas Commberd, Som No Labor with about the Marcollege Land and wings 2400 27 10/13 10/12 10 113 127 Saul Rober

VS 151-REV. 1/1/65

Lilly & Zeiler Inc. 1901 Eastern Ave.

ed bariel of Lin . and during prepare Title 6 States See that the district

WAM 1207

おおいかれている時

Make policy struct

UNION MEMORIAL MOSVITAL

MAMARIA . FI WHIOT

MARKING

THE PARTY

YOLF PARKWOOD ARE.

77 PR-21-30

医对抗不足的性的

WISS YORM

Stationary ways with the planet

Brenchepmaniania

SEPTEMBER 12 1983

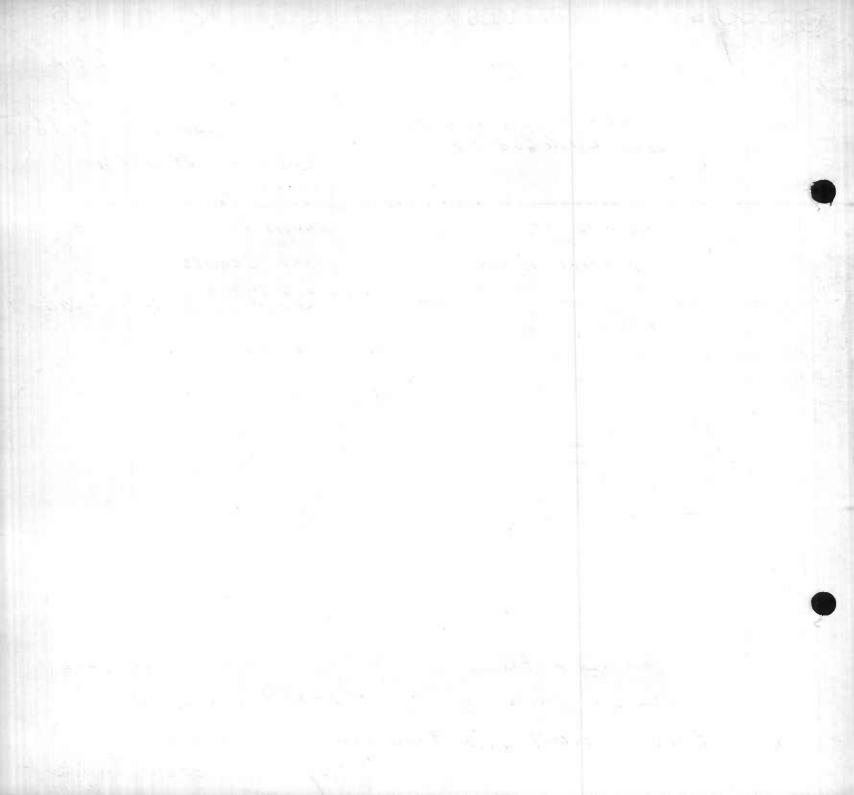
AMERICAN

2.34

CI-mara Q (4 PI endousty of CcTuber 17,

MICHEL SHEEDER PARAGES UNTIL HERRORIAL NAS PITAL

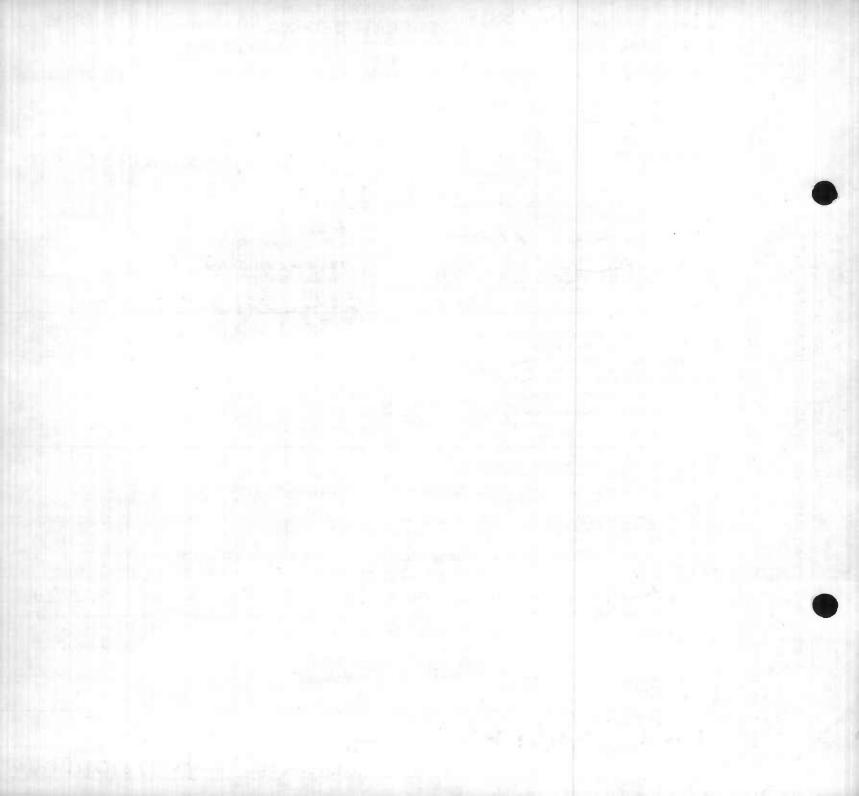
T S T	RTH NO. LE CASE NO. NAME OF DECEASED VIDEO OF FIRST C. K. L. 1/1/200	TE OF DEATH Registreed Na. 2. OATE AND HOUR OF OEATH 10-14-67 3.00P.		
use; (5) Dece tendance on r to death.	FULL NAME OF (If not in hospital or institution, give street oddiess or togotion) INSTITUTION DUKLAND HURS', ng Home 90 1501 Dukleland St.	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss A. STATE A. STATE B. COUNTY C. CITY OR TOWN (II outside city limits, write RURAL and give township) Prince Police County O. STREET AOORESS (If fural, give location)		
mined ca gular at sed prio	SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeois II Under 1 Yr., II Under 24.1		
in redeced	WIDOWED, DIVORCED (specily) W. OBOPO A. USUAL OCCUPATION (Give kind of work) 108, KINO OF BUSINESS OR INOUSTRY one during most of working life, even if refired) HOUSE WIFE ATHOME	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARY/AND 12. CITIZEN OF WHAT COUNTRY?		
(4) U wa the spos	RICHARD Ellis	MARY JOHNSON		
T + 0	. Was Deceased Ever in U. S. Armed Forces? es.no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	Dullehad Hunsing 1501 Dullehad		
burns; (3) A fracture of hysician who pronoun mas in regular after remains are embalmed	heart failure, asthenia, etc. II means the disease,	ERE BRAL HEMORRHAGE OTSEASE OTSEASE		
Body the p ysicia	194. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
e; (2) here No pt befor	J 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in lower, lorm, foctory, street, of DEATH (notify medical examiner)	office bldg., INJURY OCCUR?		
E C 0 0 5	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not While At Work At Work			
shows: (1) An accident of any was D.O.A. at a hospital (excident of any was D.O.A. at a hospital (excidence ased prior to death); an written approval must be obtained.	Morriso V. Harry Phy	19 6 7 and that in (my) (our) apinion deoth accurred an the view the bady after deoth. 23B, DATE SIGNED		



	01	7 000	BALTIMORE CITY	HEALTH DEPARTMENT		ori ooris
BIRTH NO.	0	333	CERTIFICA	TE OF DEATH	Registered No.	6/ 995/
M.E. CASE N			CERTIFICA	DEPATE AN	D HOUR OF DEATH	
Type or Print)	Virginia M.	Rodger	8		16, 1967	
	DEATH IN BALTIMORE, MA			A. STATE 8. COUN'	e deceosed lived. If i	nstitution: residence before admission
FULL NAM	OR oddress or lacotia	or institution, (give street		side city limits, write	RURAL and give township)
INSTITUTIO				Baltimore		7 - 04
4702	Frederick Av	enue		D. STREET ADDRESS (H) 4702 Frederi	ole Azzo	
SEX	6. RACE	7. MARRIED.	NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
F	Caucasian	Wid	OWED (Specify)	Jan. 28,1884	10st birthdow	Month's Doys Hours Min.
one during mo	OCCUPATION (Give kind of world) of working life, even if refired) OUSEWITE	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. Birthplace (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S	NAME			14. MOTHER'S MAIDEN NAM	ΛE	
Geor	rge C. Evatt			Elizabeth	McCarthy	
5. Wos Dece res, no or unk	nased Ever in U. S. Armed For inown) (If yes, give wor or date	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Marie E. K	rauss 470	ADDRESS 02 Frederick Ave
1B.	41 3 XI	11 11 22	CAUSE O			INTERVAL BETWEEN
DI	ISEASE OR CONDITION DE	RECTLY		2 0 4	, / 0.0	ONSET AND DEATH
	LEADING TO DEATH		(A) (C	esperalory	faille	-(
	pes not mean the made of ilure, asthenia, etc. It means		DUE TO	2//	1/1	11
	complication which caused		V/	my Pa Me	MIMM	Leave
	ANTECEDENT CAUSES	5	DUE TO	10 / O CO Z COLLA	y or or	
DISEASE	ES OR CONDITIONS, if	ony, giving	6/	a to to do	0/2010	Mines
	the above cause (A)	stating The	(C)	9/human	4 willing	
UNDERL	LYING CONDITION lost.			/ /		
Z		CANTOINITIE				
E TO TH	SIGNIFICANT CONDITIONS (IE DEATH BUT NOT RELA	ATED TO TH				
U TOREASE	E OR CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY? IYes or No	208. IF YES WEDE	FINDINGS CONSIDERED
19A. DA1		FORMED	WILLIAM OF ERATION	Town Wolford Lines of Mo	IN CERTIFYING CA	AUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYING THE CAUSE OF Chotify medical examiner	218 hom etc.	ne, form, loctory, street, of	n or obout 21C. WHERE DID flice bidg., INJURY OCCUR?	III in Baltimo	ore City, give exact locotion)
21D. TIM OF INJU	E (Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
IAPPROX	.)	Wh	ile AI Not While	e 🗌		1, ,
22. I ce	ertify that (1) (this haspita	l) attended t	he deceased from	0 7.	\$07 to 0	(+ 160 196)
	(we) lost sow the decease		00	19.6 2 ond the	ot in(my) (aut) on	pinion death accurred on the d
				*	or m(my) (doi) op	on the d
	A	ted obove.	(did not) v	riew the body after death.		238. DATE SIGNED
23A. SIGI	I All	coro/	Sty M.D. Atte	ending Med.	Staff Phys.	10/1/67
23C.PHY	SICIAN'S ME (Type)	3100	Hael M.D.	23D. ADDRESS	hear	12 B. D. 17
4A. BURIAL	CREMATION, 248. DATE	24C. N.	AME OF CEMETERY OF CRI	EMATORY 24D, LO	OCATION I	City, town, or county) [Stote
Buri	al: 10-19	-67 Ne	w Cathedral	Cometens Re	ltimono	Ma
	REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR	ltimore,	ADDRESS
	OCT 19 1967	R.D. A	E. Farbura	Walters Fun	eral Home	Pratt&Stricker
VS 150-REV.		APART			1	Sts.



67 995	BALTIMORE CITY H	SEALTH DEPARTMENT		CD 0050
BIRTH NO.	5 CERTIFICAT	E OF DEATH	Registered No	67 9958
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) ANATE	(1 N/C	10	11011-	7
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		L USUAL RESIDENCE (WHE	e deceased lived. If ins	stitution: residence before o
	9	A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location)		C. CITY OR TOWN (If ou	alda alba Balla da B	URAL and give lownship)
INSTITUTION		1000 - 000	rside city limits, write k	OKAL Minds give Township
	1	D. STREET ADDRESS (III	turol, give location)	13
1410 Mi. Cullo	List.	3805C	edard	ale Rd.
5. SEX 6. RACE 7. MARRIED, 1	NEVER MARRIED B. DIVORCED (specify)	DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Unde Months: Doys Hours
[-, N. 10/2	orland "	9/23/95	72	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	BIRTHPLACE (Stole or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?
14-11-16		Va		U.S. +)
13. FATHERS NAME	14	. MOTHER'S MAIDEN NA	ME	3,77
: 10		ning	wat 3	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL 17	. INFORMANT	3	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	0 0		ADDRESS
all	none	Evelyn B	yrd-38	05 Coden
18.	CAUSE OF	DEATH		INTERVAL BETW
DISEASE OR CONDITION DIRECTLY	ên .	y 1 mayor		A . /
LEADING TO DEATH	(A)/MY6	corpeal to	aforalion	2 1118
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUETO			
injury or complication which caused death.)	Anton	il Sclanto	Hoort	240
ANTECEDENT CAUSES	DUE TO	isclorate C		
DISEASES OR CONDITIONS, if any, giving		Disagg	e.	
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
S CONTRACTOR OF THE CONTRACTOR	N 4 OF OF IN	1 1010 1010		
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	PLACE OF INJURY (e.g., in a , lorm, foctory, street, offic	e bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location
U				
U OF INJURY	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX) White	e At Not While			
22. I certify that (I) (this hospital) attended the		0-14	19 Cet 10 16)-15 19
that (I) (we) lost sow the deceased alive an	,	d anna	- 1-	ion deoth occurred on
		· · · · · · · · · · · · · · · · · · ·	or intmy/ tour/ opin	non death occurred on
ond hour ond from the couses stoted obove. (1)	(me) (did) (did not) vle	w the body ofter deoth.		COR DATE SIGNED
(D) = 5 - 1001	M.D. Attend	ing Med.	Stoff -	23B. DATE SIGNED
I Marie Dullens	Phys.		Stoff Phys.	10/18/67
23C PHYSICIAN'S NAME (Type)	231	D. ADDRESS	,	
G. From Rlin Ph. 11	115 M.D.	558 ME M	12h 1. 34 1	130/18 M
24A. BURIAL CREMATION. 24B. DATE 24C. NAI	ME OF CEMETERY OF CREM	ATORY 240. L	OCATION (City	y, town, or county
15.2	t. aula	10	n Bt. 11	De
25A. DATE REC'D BY HEALTH DEET. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	racio. u	ADDRESS
25A. DATE REC'D BY HEALTH DET. 25B. NAME OF	2. Farberna	101 0 00 =	tramak	12012015
JUNEAU C		Wm. V. cua	mun c	11017100



Was

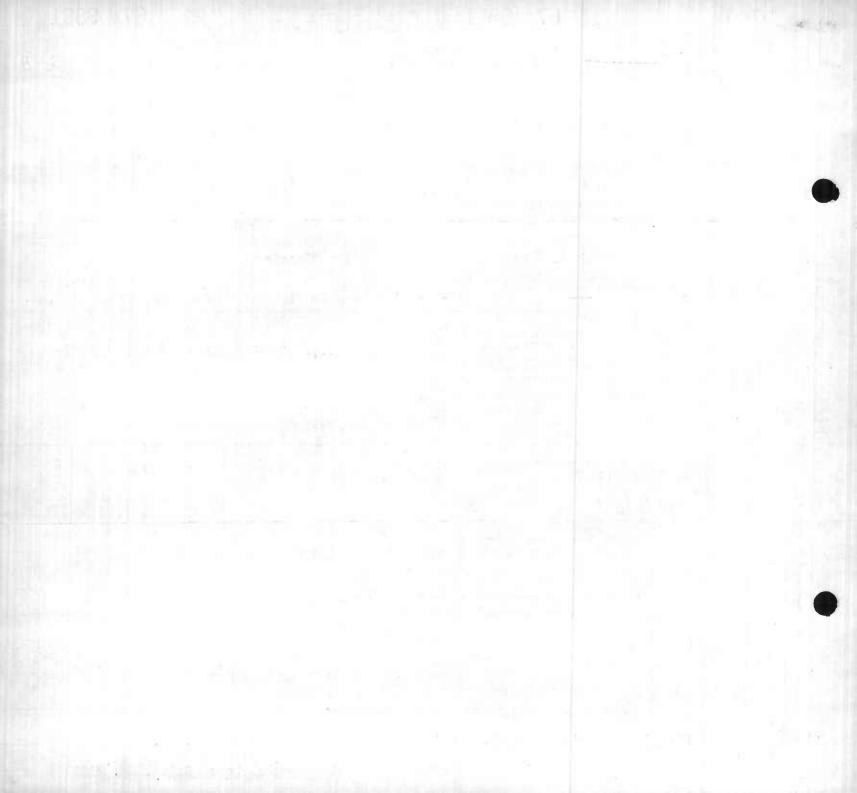
VS 150-REV. 1/1/65

Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give township) 21221 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Records: BCH-4940 Eastern Avenue 21224 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) apinian death occurred an the date 23B. DATE SIGNED 4940 Eastern Avenue, Baltimore, Maryland-21224 (City, town, or county) Bruzdzinski Funeral Home 1407 Eastern Ave.



lived If institution; residenlimits, write RURAL and If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. 12, CITIZEN OF EC 143 Cross INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Soltimore City, give exact location) and that in (aur) apinion death accurred an the date 23 B. DATE SIGNED (City, town, or county) JOHN F. DENNY, INC. 715 Light St.

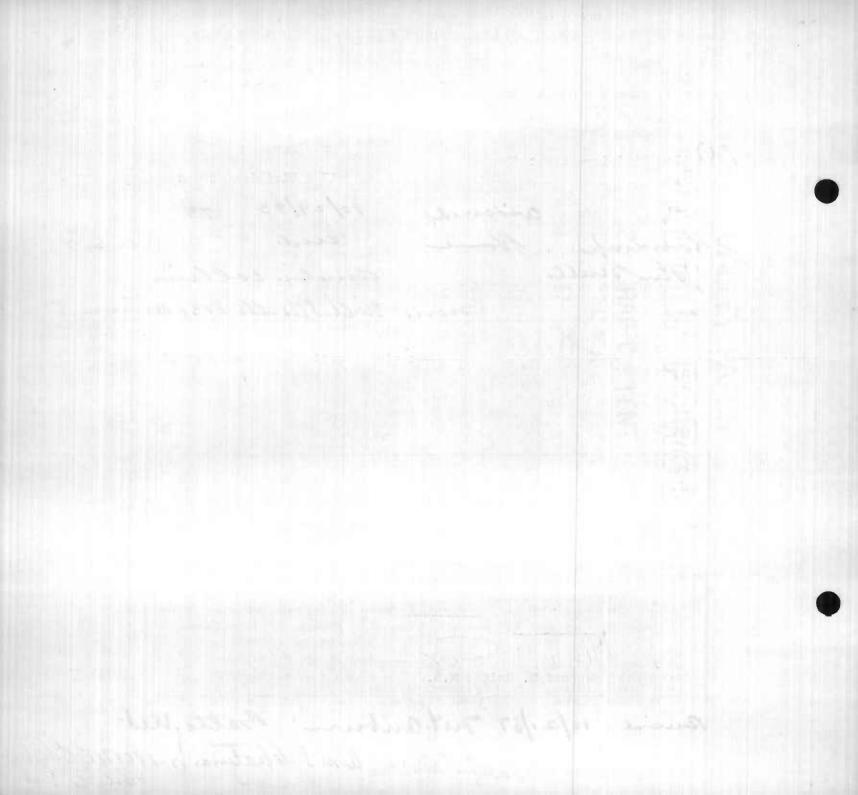




MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

67	9962
d .	3000

BIRTH NO. MEDICAL EX	XAMINER'S C	CERTIFICATE OF DEATH Registered Na.
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD
VIOLA	STEWART	October 17, 1967 5:40A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission B. COUNTY
		Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ΙΝΙΤΙΙΙΝΙ		Baltimore / 4 0 2
1730 Division Street (DOA	1	D. STREET ADDRESS (If rurol, give locotion)
- 1750 DIVISION Street (DOA	,	
5. SEX 6. RACE 7. MARRIED	, NEVER MARRIED	1730 Division Street B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
	DIVORCED (specify)	lost birthdoy) Months Doys Hours Min.
	uned	10/29/13 73
10A. USUAL OCCUPATION (Give kind of work 10B. KIND O	F BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Harrent / Xo	and_	rud. U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
John mulls		anglia callin
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Wilded bards. 1730 thinsin 57.
210	none	
1B. 1	CAUSE	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	(A)Arteri	losclerotic Cardiovascular Disease
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	
injury or complication which caused death.)		
ANTECEDENT CAUSES	(P)	
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR		
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		No No
✓ 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	PLACE OF INJURY (e.g.,	, in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
Q UTING □ CAUSE OF DEATH.		
	21 E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY	WHILE AT NOT	WHILE
22.	WORK LAT W	WORK L
I certify that I held an Inquiry	Inspection X Au	utapsy and that an this basis, death in my apinian
resulted fram; Natural causes X	Accident Sulcid	de Hamicide Undetermined manner
11/1		CHIEF MEDICAL EXAMINER
ACTUAL MILL MAD		DATE SIGNED
SIGNATURE TOUT IN		D. ASSISTANT MEDICAL EXAMINER A
EXAMINER'S Werner U. Sp	tz/, M.D.	ASSOCIATE MEDICAL EXAMINER 10/17/67
NAME (Type)	NAME of CEMETERY	or CREMATORY 23D- LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	NAME OF CEMETER	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burne 10/2/1/67	mit.au	burn salto. Med.
24A. DATE REC'D BY HEALTH DEPT 24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
The second secon	470	10/20 1 Selection 1 170171156, Class
00T 1 0 1987 10 0	& Stanten MA	WIMI. y. re venual p - 1 10111. Gentle
VS 151-REV. 1/1/69 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100 15 111



1. N	AME OF DEC		67				2. DATE AN	D HOUR OF DEAT	Н	
Пур	e ar Print)	1	Mrs. Do	rothy H	lorner Love Ho	oward	Oct	. 17.1967 deceosed lived. If		
3. P	LACE OF DE	ATH IN BALTI	MORE, MAR	YLAND		4. USUAL RE	SIDENCE (Where	deceosed lived. If	institution: resi	dence befare admi
F	ULL NAME C	OF (If not	in hasnital a	or institution, g	nue sheet	Maryla				
H	IOSPITAL OR	oddres	s or lacotion))	give sileer	C. CITY OR 1		side city limits, writ	e RURAL and	give tay nship)
	13111011011					Baltin	more		2-0	7/
1	00:	211 Stor	ney Run	Lane		D. STREET A		urol, give lacation)		
,						211 S	toney Run	Lane		
5. S	EX	6. RACE		7. MARRIED,	NEVER MARRIED), DIVORCED (specily)	8. DATE OF B	IRTH	ost birthdoy)	If Under 1	Yı. If Under 2
fe	emale	whi	te	wide		March	26,188		Within 5	oys mous
IOA.	USUAL OCC	UPATION (Give	e kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State at fareig	gn country)	12. CITIZE	N OF COUNTRY?
done		working life, ev	en if retired)			Mana	امسا			
13. 1	homes	maker				Mary	Land MAIDEN NAN	A F	US	A
130	OTHERS HAD									
			hua Hor				anet Mitc	hell		
15. V (Yes	Nos Deceoses	Ever in U. S.	Armed Forc	es? ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMAL	NT		A	DDRESS
	no					Harry A	A. Love	Western 1	Run Rd.	Balto. Co
	1B. Sylva 19	0			CAUSE O	OF DEATH				TERVAL BETWEEN
	1	SE OR CONI	DITION DIE	ECTLY	-		***************************************		0	NSET AND DEAT
	heart failure, injury or car	asthenia, etc nplication wh ANTECEDEN OR CONDIT	c. It means nich caused IT CAUSES IONS, if a	death.) any, giving	(B)	***************************************		ie ke		
	heart failure, injury or car DISEASES (rise to the	asthenia, etc nplication wh ANTECEDEN	c. It means lich caused IT CAUSES IONS, if a lause (A)	the disease, death.)	(B)	***************************************				
NTION	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE C	asthenia, etc nplication wh ANTECEDEN OR CONDITI e abave c G CONDITIO	c. It means ich caused IT CAUSES IONS, if a cause (A) ON last.	the disease, death.) ony, giving stating the ONTRIBUTING	(B) DUE TO (C)	***************************************		000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
TIFICATION	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE CONSEASE OR	asthenia, etcomplication when the condition when the condition of the condition when the condition of the co	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last.	the disease, death.) ony, giving stating the ONTRIBUTING TO THE ONTRIBUTION FOR VOICEON OF THE ONTRIBUTION FOR THE ONTRIBUTION FOR THE ONTRIBUTION FOR VOICEON OF THE ONTRIBUTION FOR THE ONTRIBUTION	(B) DUE TO (C)			000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
CERTIFICATION	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE C DISEASE OR 19 A. DATE OF	asthenia, ela nplication wh ANTECEDEN OR CONDITIO G CONDITIO IFICANT CON EATH USEATH BUT CONDITION F OPERATION	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. NOT RELA' CAUSING IT 19B. CONE WAS PERFI	the disease, death.) any, giving stating the DNTRIBUTING TED TO THE DITTON FOR NORMED	(B)	20A. AUTO	PSY? (Yes or No)	208. IF YES, WER	RE FINDINGS C	ONSIDERED ATH?
TUE I	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE C DISEASE OR 19 A. DATE OF	asthenia, etcomplication when the condition when the condition of the condition when the condition of the co	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. NOT RELA' CAUSING IT 19B. CONE WAS PERFI	the disease, death.) any, giving stating the DNTRIBUTING TED TO THE DITTON FOR NORMED	(B) DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., ie, lorm, lactory, steet, o	20A. AUTO	PSY? (Yes or No)	208. IF YES, WER		ONSIDERED ATH?
5	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIBUTION TO THE DESCRIPTION	asihenia, ela mplication wh ANTECEDEN OR CONDITIO e abave c G CONDITIO IFICANT CON REATH BUT CONDITION F OPERATION NT WAS UNI UTING CAL C Medicol exor	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. NOT RELA' CAUSING IT 19B. CONE WAS PERFI	the disease, death.) ony, giving stating the DNTRIBUTING TO TH. DITION FOR NORMED 218, hometc.	(B) DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., ie, lorm, lactory, steet, o	20 A. AUTO	PSY? (Yes or No)	20B. IF YES, WER IN CERTIFYING C	RE FINDINGS C	ONSIDERED ATH?
DICE	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF THE DISEASE OR THE DI	asihenia, ela mplication wh ANTECEDEN OR CONDITIO e abave c G CONDITIO IFICANT CON REATH BUT CONDITION F OPERATION NT WAS UNI UTING CAL C Medicol exor	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. ADITIONS CONTRICATION TO RELATIONS CAUSING IT 198. CONE WAS PERFOUSE OF miner)	the disease, death.) ony, giving stating the DNTRIBUTING TO THE CORMED (Hour) 21E, hometc.)	(B) DUE TO (C) PLACE OF INJURY (e.g., i e, lorm, lactory, street, o	20A. AUTO	WHERE DID	20B. IF YES, WER IN CERTIFYING C	RE FINDINGS C	ONSIDERED ATH?
MEDICAL	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE CONTRIBUTE OF CONTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.)	asthenia, elemptication wheather to the condition of the	c. It means ich caused IT CAUSES IONS, if a cause (A) ON last. NOTIONS CONOT RELA'C CAUSING IT 198. CONE WAS PERFOUSE OF miner!	the disease, death.) ony, giving stating the DNTRIBUTING TED TO TH CORMED (Hour) 21E, hometc.)	(B) DUE TO (C) PLACE OF INJURY (e.g., i e, lorm, lactory, street, o injury occurred in the control of the cont	20A. AUTO	OPSY? (Yes or No) WHERE DID JRY OCCUR?	208. IF YES, WER IN CERTIFYING C	RE FINDINGS C CAUSES OF DE nore City, give	ONSIDERED ATH? exoct locotion)
MEDICAL	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DAT	astheria, elemplication wheather and condition of the con	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. ADITIONS CONTRICATION IN THE INTERPOLATION INTERPO	the disease, death.) any, giving stating the DNTRIBUTING TO TH. CONTRIBUTING THE TO THE CONTRIBUTION FOR WORKED 218, hometc (Hour) 21E. Whit Work the Contribution of the Contribut	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the control of the	20A. AUTO	WHERE DID INJUNE OF NO.	20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CEAUSES OF DE	ONSIDERED ATH? exoct locotion)
MEDICAL	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DAT	asthenia, elemplication wheath ANTECEDEN OR CONDITION e above of CONDITION IFICANT CON- VEATH BUT CONDITION OPERATION NT WAS UNITY (Manth) (D that (I) (this	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. ADITIONS CONTRICATION IN THE INTERPOLATION INTERPO	the disease, death.) any, giving stating the DNTRIBUTING TO TH. CONTRIBUTING THE TO THE CONTRIBUTION FOR WORKED 218, hometc (Hour) 21E. Whit Work the Contribution of the Contribut	(B) DUE TO (C) PLACE OF INJURY (e.g., i e, lorm, lactory, street, o injury occurred in the control of the cont	20A. AUTO	WHERE DID INJUNE OF NO.	208. IF YES, WER IN CERTIFYING C	RE FINDINGS CEAUSES OF DE	ONSIDERED ATH? exoct locotion)
MEDICAL	DISEASES (rise la th UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIBUTION TO THE DEATH (natily) 21 D. TIME OF INJURY (APPROX.)	asthenia, elemptication who ANTECEDEN OR CONDITION OF CONDITION OF OPERATION OPERATION OF OPERATION OPERATION OPERATION OPPORTUNITY OPERATION OPPORTUNITY OPERATION OPPORTUNITY OPPOR	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. INDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS IT IPB. CONE WAS PERFORMAN PER	the disease, death.) any, giving stating the DNTRIBUTING TO THE DITION FOR VORMED 218, home etc. (Hour) 21E. Whi World of the death	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the control of the	20A. AUTO	WHERE DID INVOCCUR? HOW DID INJU	20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CEAUSES OF DE	ONSIDERED ATH? exoct locotion)
MEDICAL	DISEASES (rise la th UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIBUTION TO THE DEATH (natily) 21 D. TIME OF INJURY (APPROX.)	asthenia, elemplication who ANTECEDEN OR CONDITION OF CONDITION OF OPERATION OF CALL (Manth) (D) (Manthh)	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. INDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS IT IPB. CONE WAS PERFORMAN PER	the disease, death.) any, giving stating the DNTRIBUTING TO THE DITION FOR VORMED 218, home etc. (Hour) 21E. Whi World of the death	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., i e., lorm, lactory, street, o INJURY OCCURRED ILLE A1	20A. AUTO	WHERE DID INVOCCUR? HOW DID INJU	20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CEAUSES OF DE	exoct locotion) 16 19 6 accurred an th
MEDICAL	DISEASES (rise la th UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIBUTION TO THE DEATH (natily) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (Manual Control of Co	asthenia, elemplication who ANTECEDEN OR CONDITION OF CONDITION OF OPERATION OF CALL (Manth) (D) (Manthh)	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. INDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS IT IPB. CONE WAS PERFORMAN PER	the disease, death.) any, giving stating the DNTRIBUTING TO THE DITION FOR VORMED 218, home etc. (Hour) 21E. Whi World of the death	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., i e., lorm, lactory, street, o INJURY OCCURRED ILLE A1	20A. AUTO	WHERE DID JRY OCCUR? HOW DID INJU 1 2 3 1 2 1 and the after death.	20B. IF YES, WER IN CERTIFYING C (If in Boltim JRY OCCUR? 9 1 to (my) (aur) a	RE FINDINGS OF DE CAUSES OF DE	exoct locotion) 16 19 6 accurred an th
MEDICAL	DISEASES (rise la th UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OI 21A. ACCIDE OR CONTRIBION (APPROX.) 22. I certify that (I) (Condition of the contribution	asthenia, elemplication who ANTECEDEN OR CONDITION OF CONDITION OF OPERATION OF OPERATION (Manth) (D) (Manth) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. INDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS IT IPB. CONE WAS PERFORMAN PER	the disease, death.) any, giving stating the DNTRIBUTING TO THE DITION FOR VORMED 218, home etc. (Hour) 21E. Whi World of the death	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., i e., lorm, lactory, street, o INJURY OCCURRED ILLE A1	20A. AUTO	WHERE DID JRY OCCUR? HOW DID INJU 1 2 3 1 2 1 and the after death.	208. IF YES, WER IN CERTIFYING C	RE FINDINGS OF DE CAUSES OF DE	exoct locotion) 16 19 6 accurred an th
MEDICAL	DISEASES (rise la th UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF INJURY (APPROX.) 21 D. THE OF INJURY (APPROX.) 22 I certify that (I) (Manual Control of Injury (APPROX.)	asthenia, elamplication who ANTECEDEN OR CONDITION OF CONDITION OF OPERATION OF CANTON (Manth) (D) that (I) (this lost saw the d fram the course of the cour	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. INDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS IT IN IT IN IT IS IN IT IN IT IS IN IT	the disease, death.) any, giving stating the DNTRIBUTING TO TH. DITION FOR VORKED (Hour) 218, home etc.) (Hour) 218, which was a state of the control of	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., i e., lorm, lactory, street, o INJURY OCCURRED INJURY OCCURRED IN All Work All Work All Work All Work All Work (We) (did) (did not) M.D. All Phy	20A. AUTO in or obout 21C. Alfice bldg., INJU 21F. ANUARY view the bady ending	WHERE DID JRY OCCUR? HOW DID INJU 1 2 3 1 2 1 and the after death.	20B. IF YES, WER IN CERTIFYING C (If in Boltim JRY OCCUR? 9 1 to (my) (aur) a	RE FINDINGS OF DE CAUSES OF DE	exoct locotion) 16 19 6 accurred an th
MEDICAN	DISEASES (rise la th UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OI 21 A. ACCIDE OR CONTRIBUTION TO THE DEATH (natily) 22 I Certify that (I) (Cond hour and 23A. SIGNATION NAME (Total NAME (asthenia, elemplication who ANTECEDEN OR CONDITION OF CONDITION OF OPERATION OF OPERATION (Manth) (D) that (I) (this lost saw the d fram the course of the c	c. It means ich caused IT CAUSES IONS, if a cause (A) IN last. INDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS IT INDITIONS CONTRIBUTIONS IN IT I	the disease, death.) Iny, giving stating the DNTRIBUTING TED TO THE DITTON FOR White the death of the death	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the lactory, street, or	20A. AUTO in or obout 21C. Infice bldg., INJU 21F. ANUARY view the body ending X 23D. ADDRESS	WHERE DID JRY OCCUR? HOW DID INJU 1 2 3 1 2 1 and the r after death. Med. Director	208. IF YES, WER IN CERTIFYING COUR? (If in Boltim URY OCCUR? 9 6 1 to CO It in(my) (aur) of Court	TOBER Tober City, give 23B DATE 10 1	exoct locotion) 16 19 6 accurred an the signed
WEDICER WEDICER	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF 19 A. SIGNATION 19 A. SIGN	asthenia, elemplication what ANTECEDEN OR CONDITION OF CONDITION OF OPERATION OF OPERATION (Manth) (D. 1) that (1) (this lost saw that d fram the country of	c. It means ich caused IT CAUSES IONS, if a cause (A) ON last. INDITIONS CONTROL IN CAUSING IT 198. CONE WAS PERFORMED IN CONTROL IN CONTROL IN CAUSING IT 198. CONE WAS PERFORMED IN CONTROL IN CONTROL IN CAUSING IT 198. CONE WAS PERFORMED IN CONTROL IN CAUSING IT 198. CONTROL IN CONTR	the disease, death.) any, giving stating the DNTRIBUTING TO TH. CONTRIBUTING TO TH. (Hour) 21E. White word of the death. (Hour) 21E. White word of the death.	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the deceased from the dec	20A. AUTO in or obout 21C. Alfice bldg., INJU 21F. ANUARY view the bady ending 23D. ADDRESS 2 H EMATORY	WHERE DID IRY OCCUR? HOW DID INJU A Mill A Mill 24D. LC	208. IF YES, WER IN CERTIFYING COUR? (If in Boltim URY OCCUR? 9 6 1 to CO It in(my) (aur) of Court	RE FINDINGS OF DE CAUSES OF DE	exoct locotion) 16 19 6 accurred an the signed
WEDICAR.	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF INJURY (APPROX.) 21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (Conditional Control of Injury (APPROX.) 23A. SIGNATI BURIAL CRE REMOVAL (COUTIAL)	astheria, elemplication who ANTECEDEN OR CONDITION IFICANT BUT IFICANT BUT CONDITION FOPERATION A that (I) (this is saw the distance of the condition of	c. It means ich caused IT CAUSES IONS, if a cause (A) ON last. HOTIONS CO NOT RELA-CAUSING IT 198. CONE WAS PERFIVED OF Miner ION (Year) Is hospital) is hospital) in deceased causes state. Physical Cause Ion (Year) Io	the disease, death.) any, giving stating the DNTRIBUTING TO TH. CONTRIBUTING TO TH. (Hour) 21E. White word of the death. Additional of the death. (Hour) 21E. White word of the death.	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the deceased from the dec	20A. AUTO in or obout 21C, lifice bldg., INJU 21F. ANUARY conding X 23D. ADDRESS 2 H EMATORY	WHERE DID WHERE DID JRY OCCUR? HOW DID INJU 23 1 21 and the after death. Med. Director	208. IF YES, WER IN CERTIFYING COUR? (If in Boltim URY OCCUR? 9 6 1 to CO It in(my) (aur) of Court	TOBER 23 B. DATE 10 1 - Ba (City, town, or	exoct locotion) 16 19 0 accurred an the SIGNED 8 6 7 140. Md
WEDICAR.	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF INJURY (APPROX.) 21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (Conditional Control of Injury (APPROX.) 23A. SIGNATI BURIAL CRE REMOVAL (COUTIAL)	astheria, elemplication who ANTECEDEN OR CONDITION OR CONDITION OR CONDITION OR CONDITION OF OPERATION That (I) (this lost saw the different he condition) Or that (I) (this lost saw the different he condition) That (I) (this lost saw the different he condition) That (I) (this lost saw the different he condition) BY HEALTH	c. It means ich caused IT CAUSES IONS, if a cause (A) ON last. IDITIONS CONTROL IN CAUSING IT 198. CONEWAS PERFORMAN (Year) Is hospital) is hospital) is hospital) in deceased causes state. In Control I 198. Control	the disease, death.) any, giving stating the DNTRIBUTING TO TH. CONTRIBUTING TO TH. (Hour) 21E. White word of the death. Additional of the death. (Hour) 21E. White word of the death.	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the deceased from the dec	20A. AUTO in or obout 21C, lifice bldg., INJU 21F. ANUARY view the body 23D. ADDRESS 2 H EMATORY pal Ch. 25C. FUNE	WHERE DID WHERE DID JRY OCCUR? HOW DID INJU A Med. Director A Med. Com. Com. Com. Corral Director	208. IF YES, WER IN CERTIFYING CO. (If in Boltim URY OCCUR? 9 6 7 to C. Stoll (my) (aur) of phys. CATION OCKEYSVILLE	CTOBER Topinion death 23B DATE 1011 - Ba (City, town, of	exoct locotion) 16 19 6 accurred an the signed
WEDICAR 1	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF INJURY (APPROX.) 21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (Conditional Control of Injury (APPROX.) 23A. SIGNATI BURIAL CRE REMOVAL (COUTIAL)	astheria, elemplication who ANTECEDEN OR CONDITION IFICANT BUT IFICANT BUT CONDITION FOPERATION A that (I) (this is saw the distance of the condition of	c. It means ich caused IT CAUSES IONS, if a cause (A) ON last. IDITIONS CONTROL IN CAUSING IT 198. CONEWAS PERFORMAN (Year) Is hospital) is hospital) is hospital) in deceased causes state. In Control I 198. Control	the disease, death.) any, giving stating the DNTRIBUTING TO TH. CONTRIBUTING TO TH. (Hour) 21E. White word of the death. Additional of the death. (Hour) 21E. White word of the death.	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the deceased from the dec	20A. AUTO in or obout 21C, lifice bldg., INJU 21F. ANUARY view the body 23D. ADDRESS 2 H EMATORY pal Ch. 25C. FUNE	WHERE DID WHERE DID JRY OCCUR? HOW DID INJU A Med. Director A Med. Com. Com. Com. Corral Director	208. IF YES, WER IN CERTIFYING COUR? OF THE COUR? Stoll Representation OCATION	CTOBER Topinion death 23B DATE 1011 - Ba (City, town, of	exoct locotion) 16 19 C accurred an th . SIGNED 8 6 7 Lto. Md county) (S
24A 25A	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF INJURY (APPROX.) 21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (Conditional Control of Injury (APPROX.) 23A. SIGNATI BURIAL CRE REMOVAL (COUTIAL)	asthenia, elemplication who ANTECEDEN OR CONDITION OF CONDITION OF OPERATION OF OPERATION (Manth) (D) That the condition of t	c. It means ich caused IT CAUSES IONS, if a cause (A) ON last. IDITIONS CONTROL IN CAUSING IT 198. CONEWAS PERFORMAN (Year) Is hospital) is hospital) is hospital) in deceased causes state. In Control I 198. Control	the disease, death.) any, giving stating the DNTRIBUTING TO TH. CONTRIBUTING TO TH. (Hour) 21E. White word of the death. Additional of the death. (Hour) 21E. White word of the death.	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the deceased from the dec	20A. AUTO in or obout 21C, lifice bldg., INJU 21F. ANUARY view the body 23D. ADDRESS 2 H EMATORY pal Ch. 25C. FUNE	WHERE DID WHERE DID JRY OCCUR? HOW DID INJU A Med. Director A Med. Com. Com. Com. Corral Director	208. IF YES, WER IN CERTIFYING CO. (If in Boltim URY OCCUR? 9 6 7 to C. Stoll (my) (aur) of phys. CATION OCKEYSVILLE	TOBER TOBER Tober City, give	exoct locohon) 16 19 accurred on the signature of the si

Ordering and marie & 1 5 1 5 decarence spearph DBILLING BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

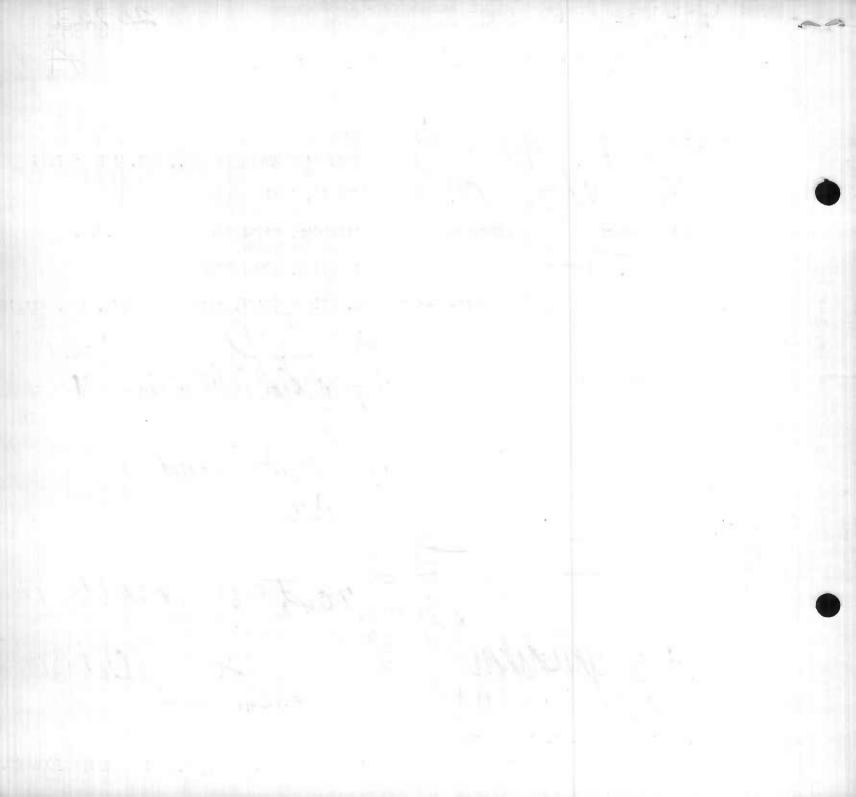
If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? XXXXXX ADDRESS 5509 NORTHGREEN INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) apinion death occurred an the date 23B, DATE SIGNED (City, town, or county) BALTIMORE, MARYLAND ADDRESS LEVINSON & BROS. INC., 6010 REISTERSTOWNRI



IMPORTANT

DIRECTOR:

FUNERAL



The We makers 8-21-16 51 12 Shows with the makers of the State of the Company of

171

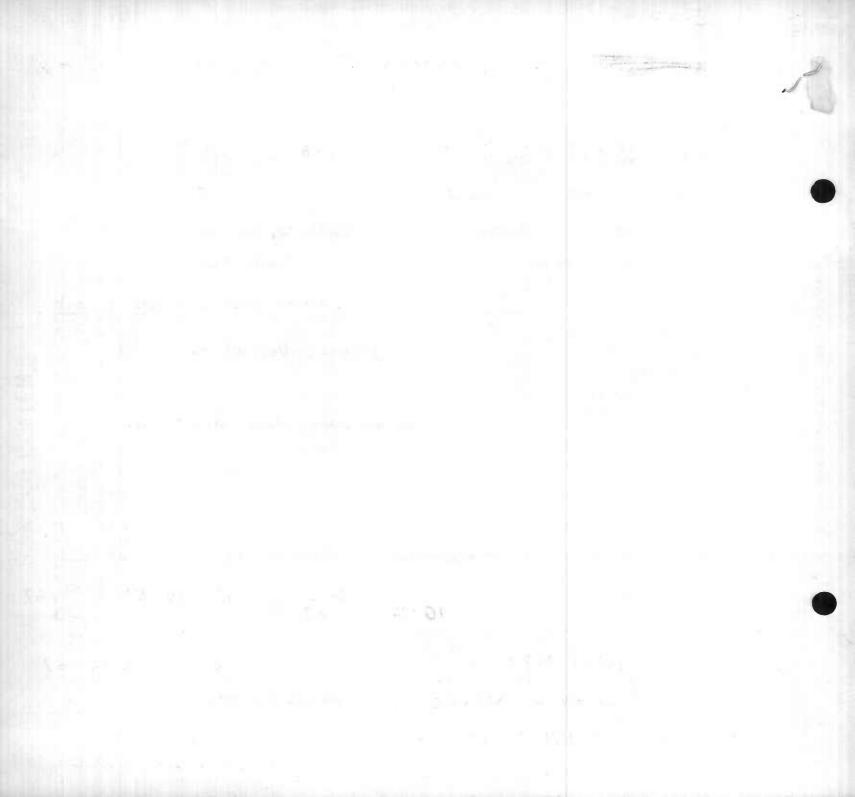
IMPORTANT

DIRECTOR:

FUNERAL

May BAUTHORE CH BALTIMORE SSII RUBIN AVE To the same of the

< 5 . / OF	BALTIMORE CIT	Y HEALTH DEPARTMENT		67	9968
HRTH-NO. 5 40	9958 CERTIFICA	ATE OF DEATH	Registered Na	Us	0000
NAME OF DECEASED	CL ISIDOR	E. Oct	4,1967	9	7:00 A.
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)		Maryland	e déceased lived. If in		
Levindale Hebre Creenspring & Belved	w Home	Baltimore	urol, give location)	Z /	iown sallo
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	B. DATE OF BIRTH	2. AGE (In years ast birthday)	If Under 1 Yr. Manths Doys	If Under 24 Hours N
0A. USUAL OCCUPATION (Give kind af wark 10 one during most of working life, even if retired)	R. KIND OF BUSINESS OR INDUSTRI Automobile	11. BIRTHPLACE (Stole or fareign Baltimore, Mo	gn cauntry)	12. CITIZEN OF WHAT CO	UNTRY?
3. FATHERS NAME Solomon Sattel		14. MOTHERS MAIDEN NAM			
5. Wes Deceased Ever in U. S. Armed Farces (es, no or unknown) (If yes, give war ar doles o	f service) 16. SOCIAL SECURITY NO.	Mr. Israel Sax	ttel 3905 E	ancroft	
injury at camplication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the above cause (A) structure to the condition last. UNDERLYING CONDITION last.	, giving OUE TO (C) Orap	unic brain syndrome	. Decubitus	uker	
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDIT WAS PERFOR	ION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	FINDINGS CONS	IDERED
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimare	City, give exoct	locotion)
21D. TIME (Month) (Doy) (Yeor) (I OF INJURY (APPROX.)	While At Not Who	21 F. HOW DID INJU	JRY OCCUR?		
22. I certify that (I) (this hospital) a that (I) (we) last saw the deceased of	10-1/	(-	9 67 ta 10- at in(my) (aur) apir	- 14 nian death acc	urred an th
23A. SIGNATURE	we M.D. At	tending Med. pirector	Stoff Phys.	23B. DATE SIGN	1 - 67
23C. PHYSICIANS NAME (Tyge) JUAN L	ROQUE M.O.				
4A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) BURIAL 10/15/196		Bal	etimore, Mar		
5A, DATE REC'D BY HEALTH DEPT. 25	On & E. Farbuna	Sol Levinson	Bros. 6010	Reister	stown 1



IMPORTANT

FUNERAL DIRECTOR:

	V-1	BALTIMORE CITY	HEALTH DEPARTMENT		CP 0000				
BIR	K-600 67 98	369 CERTIFICA	TE OF DEATH	Registered No	07 5505				
	E. CASE NO.	OLKIII TO		HOUR OF DEATH					
	pe or Printil Teline	1	2. DATE ANI	HOUR OF DEATH	1055				
3.	PLACE OF DEATH IN BALTIMORE MARYLAND	N	TIA. USUAL RESIDENCE (Where	deceased lived. If inst	itution; residence before odmission)				
	The state in salining making		A. STATE B. COUNT	Y	Providence Belove Bully Strolly				
	FULL NAME OF (If not in hospital or institut	ion, give streel	MARYLAND	Ch o	3/				
	HOSPITAL OR oddress or location)	0/1	C. CITY OR TOWN (If outs	ide city limits, write RU	IRAL and give township)				
3	louse in the Pines	BELUEdELE	BALTIMORE	MARY	/spec-				
		NURSING HOME	D. STREET ADDRESS (If a	ural, give location)					
		NUKSING HUME	4206 W. ROGERS AVENUE #21215						
5.		RIED, NEVER MARRIED		. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.				
	MALE CAC WIDE	ARPIS DIVORCED (specify)	5/30/1892	ost ormidoy/	Within Boys Hours Will.				
10/	LUSUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF				
dor	e during most of working life, even if retired)		20021		WHAT COUNTRY?				
		CONTRACTOR	RUSSIA		USK				
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAM	∧E					
	SOLOMON KRUPITZKY		ROSE ?						
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	-4 1/00 11	ADDRESS				
116	s,no or unknown) (If yes, give wor or dotes of serv		UDO HALLTE VOE		IRIAM ROSENBAUM				
_	NO	216-03-1651	·	3305 LAURI					
	18.156.1	CAUSE	F DEATH		ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	//	0 (10.						
	(This does not meen the mode of dying,	e.g., DUE TO	eura Care	Maugare	23 genso				
1	heart failure, asthenia, etc. It means the dise		7						
	injury or complication which caused death.)								
	ANTECEDENT CAUSES	(8)	a jeuntin	100					
	DISEASES OR CONDITIONS, if any, gi	ving	1	,					
rise to the above cause (A) stating the (C)									
	UNDERLYING CONDITION last.								
7	II								
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO								
1	DISEASE OR CONDITION CAUSING IT.								
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?				
ERT									
U	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)				
CAL	DEATH (notify medical examiner)	etc.)							
ĕ	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
×	(APPROX.)	While At Not Whi							
	(APPROX)	Work At Work			1-1-				
	22. 1 certify that (1) (this hospital) attended the deceased from 1965 19 to 18/15/16/19								
	and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.								
	22 A SICAL MTILES				23B, DATE SIGNED				
	23A. SIGNATURE	/ //		11 - 12	/ /				
	23A. SIGNATURE Hack	Lun M.D. Att	ending Med. Director	Stoff Phy s.	10/14/69				
	LOUIS Hack	Att Phy	ending Med. Director 23D. ADDRESS	Stoff Phy s.	10/14/67 m				
	Town Hack	CHS M.D. Att	s. Director	Stoff Phys	ne Pekesville 8				
24.	23C. PHYSICIAN'S NAME (Type) 10U/S S A. BURIAL CREMATION, 124B. DATE 124	2115	23D. ADDRESS	Phys.	ne Pikesville 8				
24.	23C.PHYSICIAN'S NAME (Type) LOUSS A BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	CHS M.D.	23D. ADDRESS	CATION (City	10fx/67 vie Pikosville 8 10wn, or county) (Stote)				
	23C.PHYSICIAN'S NAME (Type) LOU/S SO A A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 10-16-67	CHS M.D. C. NAME OF CEMETERY OF CR CHIZUK AMUNO	23D. ADDRESS EMATORY 24D. LC	Phys.	1 of 4/67 vie Plasville 8 1 town, or county) (Stole)				
	23C.PHYSICIAN'S NAME (Type) LOU/S SO A A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 10-16-67	CHS M.D.	23D. ADDRESS	CATION (City	1 of 4/67 vie Plasville 8 1 town, or county) (Stole)				
	23C.PHYSICIAN'S NAME (Type) LOU/S SO A A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 10-16-67	CHS M.D. C. NAME OF CEMETERY OF CR CHIZUK AMUNO	23D. ADDRESS EMATORY 24D. LC	CATION (City	1 0/14/67 vie Pelasville S , town, or county) (Stote)				

the a the distribution of a second Barbara Santa Santa Comment

VS 150-REV. 1/1/65

(If autside city limits, write RURAL and give township) #21215 It Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in (my) (our) opinion death occurred on the DATE SIGNED (City, town, or county) (State) ADDRESS \$01 LEVINSON & BROS. INC. . 6010 REISTERSTOWN RD



VS 150-REV, 1/1/65

Director Avenues 14/3/67 7/27/16 Comment of the second

67 9972 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) MORRIS CHEPLOWITZ (CHEPOWITZ) October 14, 1967 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) University Hospital (DOA) 905 S. Charles Street 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH lost birthday WIDOWED, DIVORCED (specify) Months, Days, Haurs, Min. MARRIED White Male 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A MERCHANT RETAIL RUSSIA 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME LIBBY WEXLER SUSSMAN CHEPLOWITZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL 17. INFORMANT 311 HALSEY ROAD SECURITY NO. (Yes, na or unknawn), (If yes, give war ar dotes af service) MR. MILTON CHEPLOWITZ, ANNAPOLIS. 213-34-2276 NO MARYLAND 21401 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It meons the disease, injury or complication which caused deoth.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED No 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-MEDI UTING CAUSE OF DEATH. 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21 D TIME (Manth) (Doy) (Yeor) (Hour) OF INJURY WHILE AT (APPROX.) NOT WHILE AT WORK certify that I held on Inquiry Inspection X Autopsy and that on this bosis, death in my opinion resulted from: Notural causes X Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE. ASSOCIATE MEDICAL EXAMINER EXAMINER'S October 15, 1967 Charles S. Springate, M.D. NAME (Type) 23A, BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, tawn, ar county) 23B. DATE

RODFE ZEDEK

B. NAME OF REGISTRAR

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEAUTH DEAT,

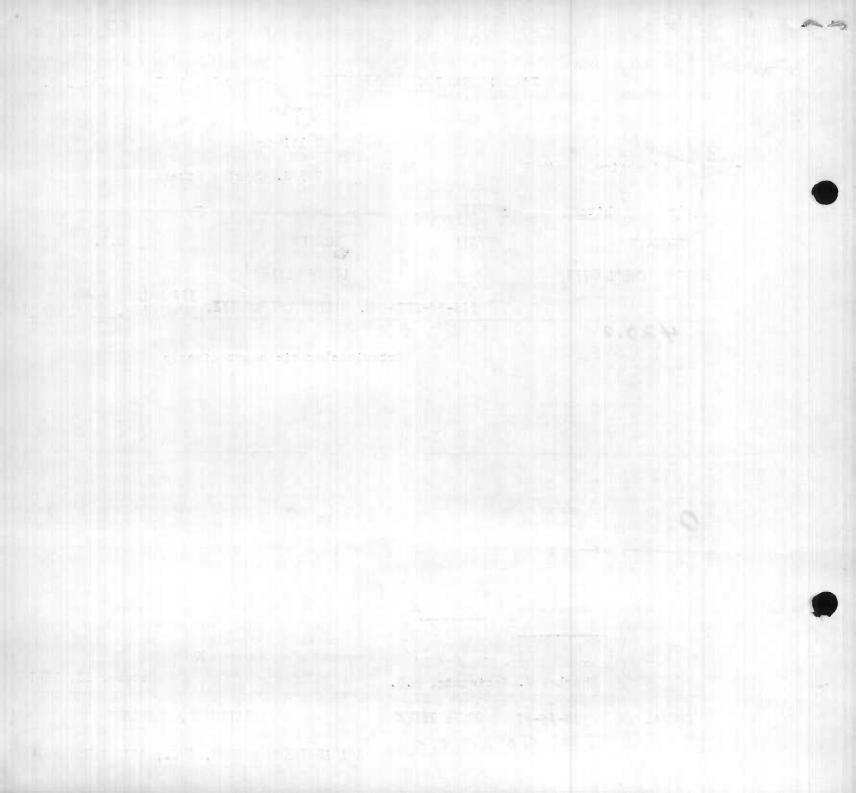
REMOVAL (Specify)
BURIAL

10-16-67

SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN

24C. FUNERAL DIRECTOR

BALTIMORE, MARYLAND



67 9973 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.2 M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED GEAD (Type or Print) 8:40 A. M. October 17, 1967 WILLIAM (RANDALL) HUBBARD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) HOSPITAL OR Baltimore St. Agnes Hospital (DOA) Q. STREET ADDRESS (If rural, give location) 333 Melvin Avenue B. DATE OF BIRTH 9. AGE (In years last birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr, II Under 24 Hrs. WIDOWED, DIVORCED (specify) Manths, Days, Hours, Min. Sept 2, 1967 Negro INFANT Male 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF dane during most of working life, even if retired) WHAT COUNTRY? BALTIMORE, MARYLAND U,S.A. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WILLIE ED HUBBARD VERA RANDALL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT AODRESS 16. SOCIAL (Yes, na arunknawn) (If yes, give war ar dates of service) SECURITY NO. Mr. Willie Hubbard 514 Lynhurst INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (SDII) LEADING TO DEATH Interstitial Pneumonitis (This daes not mean the made of dying, e.g., head failure, asthenia, etc. It means the disease, injury or camplication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CER 19A. OATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location) hame, farm, factory, street, affice bldg., NJURY OCCUR? UNDERLYING OR CONTRIB-MEDI UTING CAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Year) OF INJURY NOT WHILE (APPROX.) WHILE AT m. WORK Autapsy X I certify that I held an Inquiry Inspection and that an this basis, death in my apinlan resulted fram: Natural causes X Aceident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 10/17/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spit

23C. NAME of CEMETERY or CREMATORY

Western Star Cem.

ANT WE LOST API

10-19-67

248, NAME OF REGISTRAR

MORTON & DYETT F.H. 1701 Laurens St.

Catonville, Maryland

(City, tawn, ar county)

(State)

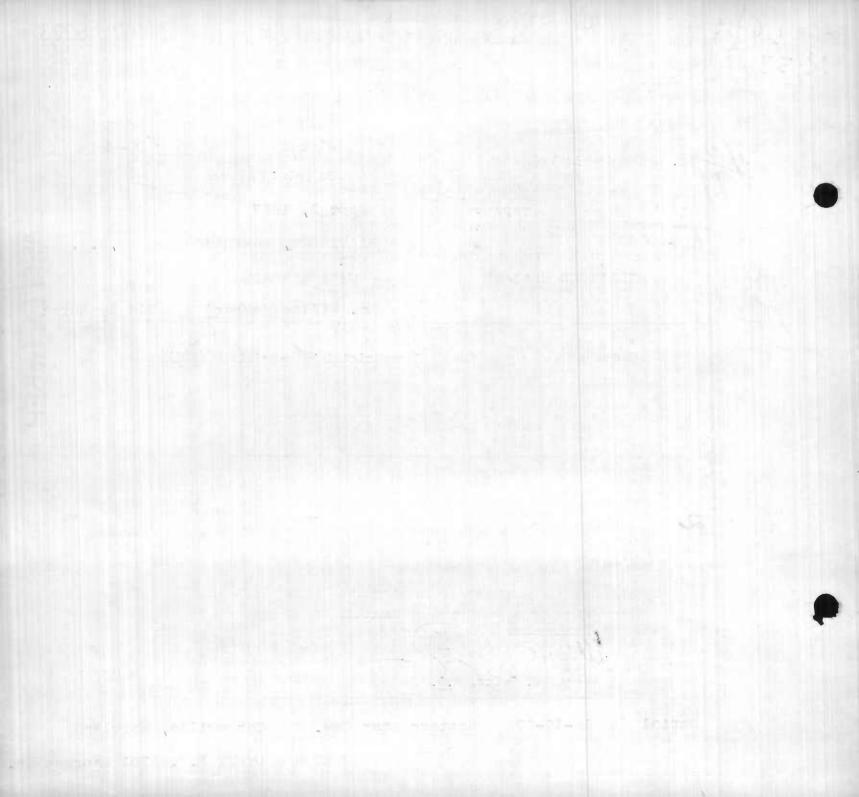
23D. LOCATION

24C. FUNERAL DIRECTOR

REMOVAL (Specify)
Burial

NAME (Type)
23A, BURIAL CREMATION,

24A, DATE REC'D BY HEALTH DEPT.



67 9974 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na

M.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD ROY ROLLINS, Jr 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore Lutheran Hospital D. STREET ADDRESS (If rurol, give location) 2727 Harlem Avenue 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 5. SEX 6. RACE R. DATE OF BIRTH 9. AGE (In years Male Negro 41 single 8-9-1926 10A, USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIKTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? Long Shoreman even if retired) GREENVILLE, N.C. U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ROY ROLLINS, SR. EVA LAUGHINGHOUSE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMANT ADDRESS (Yes, na or unknown), (If yes, give wor ar dates of service) SECURITY NO. 243-20-2205 Mrs. Eva Rollins 2727 Harlem Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Massive Pulmonary Embolism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTI 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 8. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED $\overline{0}$ IN CERTIFYING CAUSES OF DEATH? Yes Yes MEDICAL 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact lacation) home, form, foctory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-Woods Cooksville, Maryland 21D TIME 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Manth) (Doy) (Yeor) (Haur) OF INJURY (APPROX.) WHILE AT NOT WHILE X 10/5/67 7:15 A. Shot self in leg white hunting 22. Autopsy X I certify that I held an Inquiry Inspection and that an this basis, death in my apinian Accident X Hamicide resulted fram: Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER 10/16/67 Spitz, Werner U. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE &C. NAME OF CEMETERY OF CREMATORY 23 D. LOCATION (City, tawn, or county) (State) REMOVAL (Specify)
BURIAL 10-20-67 Arbutus Mem. Park Arbutus. Maryland 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS Crub E, Fallentia MORTON & DYETT F.H. 1701 Laurens St.

VS 151-REV. 1/1/65



18 Mo AIXAHJAS umabolo fo #3 admoth of rentum CAS Waters NO 33/1/6 10 81 to0 Tupl -21-tag

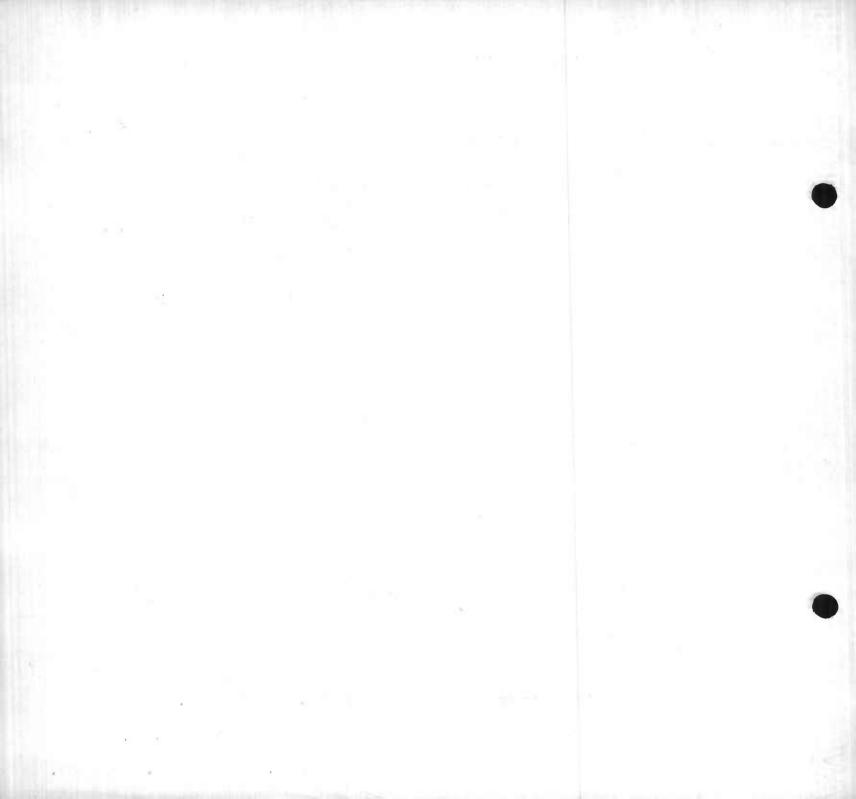
67 9976 BALTIMORE CITY HEALTH DEPARTMENT 67 9976

BIRTH NO.	MED	ICAL EX	AMINER 3 C	EKTIFICA	ALE OF	DEATH Regist	ered No.
M.E. CASE NO.							
1. NAME OF DEC	CEASED	1.			2. DATE AN	D HOUR PRONOUN	CED DEAD
		WILLIAMS	3		Oct	ober 17, 19	167 1:50 pM
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	SIDENCE (Where	deceased lived. If in B. CC	stitution: residence before admissio DUNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	c. CITY OR	Whand OWN (If autsid	e carparate limits, wr	ite RURAL and give township)
0 4305	Miami Place				timore DDRESS (If rural,		
5. SEX	6. RACE	7 AAADDIED	NEVER MARRIED	8. DATE OF B	liami Pla		If Under 1 Yr, If Under 24 Hr
			DIVORCED (specify)		-1893	9. AGE (In years last birthday)	Manths Days Haurs Min.
dane during most of v	Colored JPATION (Give kind of working life, even if retired)		BUSINESS OR INDUSTRY		TO M	in country)	12. CITIZEN OF
3. FATHER'S NAM		11/201		14. MOTHER'S	MAIDEN NAM	E /	
-Towns				many	JONN		
5. WAS DECEASE	D EVER IN U.S. ARMET		16. SO CIAL	17. INFORMAN	NT.		ADDRESS
(Yes, no ar unknown)	(II yes, give war ar date	es of service)	SECURITY NO.	Lorry L	ONESOM	~ 4305 M	inni Pl
DISEASES RISE TO TH UNDERLYIN	INTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE	S ANY, GIVING TATING THE CONTRIBUTION					
DISEASE OF	OPERATION 198, CON WAS PER	NDITION FOR	WHICH OPERATION	20A. AUTO	PSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21 A. EXTERNA UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home	PLACE OF INJURY (e.g., lorm, loctory, street,	in or about 21C office bldg., INJ	NO C. WHERE DID URY OCCUR?	(If in Baltimore City,	give exact (scation)
UTING CAU 21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea	V	TE. INJURY OCCURRED WHILE AT NOT NORK AT W	WHILE	HOW DID INJ	URY OCCUR?	
22.	tify that I held an		िएक		and that an th	is basis, death In	my opinian
	ted fram: Natural ca	**	ccident Suicid			Undetermined man	
ACTUAI SIGNAT	13) MR	1 Sur		CHIEF	MEDICAL EX	CAMINER	DATE SIGNED
EXAMIN NAME (F. Wilso	n, M.D.	ASSOCIATE	MEDICAL E	0	ctober 18, 1967
23A, BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY		-	actory	ty, town, or county) (State)
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUN	NERAL DIRECTOR		ADDRESS
				1	0	n 11	30 4 6
	T 1 9 1967 (006	Jankey Ma	Inn	some.	- A-7- 6.	38 n Gicmon So

Progenia Graphman vicery 1 with proposed largery Burney the Company of

VS 151-REV. 1/1/65

NAME OF DEC	CEASED		2. DATE AND HOUR O	DE DEATH				
Type or Print)	Elizal	beth Miah	October	14, 1967				
	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing the state of the state o					
HOSPITAL OR	OF (If not in hospital oddress or location	or institution, give street n)						
J	ohn Hopkin Ho	spital (DOA)	D. STREET ADDRESS (If rurol, give location)					
99			303 A Gumspring Road					
F	Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	10/31/08 9. AGE (In lost birthdoy 58	Months Doys Hours Min.				
one during most of	UPATION (Give kind of work working life, even if retired) e Wife	Home	Cambridge Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A				
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME					
Wa	lter Elliott		Mary Elliott					
5. Was Deceased	Ever in U. S. Armed For	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
			Mr Asai Miah 303 A G	umspriing Road				
heart failure,	not mean the mode of osthenia, etc. It means	the diseose,	ala c	- 0.0 0.0 n.e. n.e. 0.0 0.0 n.e. n.e. (40,0 n.e. n.e. n.e. n.e. n.e. n.e. n.e. n.e				
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE C DISEASE OR 19A.DATE O	osthema, etc. II means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) G CONDITION last. III CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IF OPERATION 198. CON WAS PERI	the disease, death.) Ony, giving staling the (C) ONTRIBUTING STEED TO THE T. DITION FOR WHICH OPERATION FORMED	in or obout 21 C. WHERE DID (If	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?				
DISEASES rise Io Ih UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE O 21 A. ACCIDE OR CONTRIB DEATH (notif	osthenia, etc. II means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	the disease, death.) Ony, giving staling the (C) ONTRIBUTING STEED TO THE T. DITION FOR WHICH OPERATION FORMED	IN CERTI	FYING CAUSES OF DEATH?				
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19.A. DATE OF TOUR OF TOU	osthenia, etc. It means implication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) is conditionally conditions of the condition causing it is conditionally condit	the disease, death) Ony, giving stating the (C) ONTRIBUTING (C) (Hour) 218 PLACE OF INJURY (e.g. of the colory, street, etc.)	in or obout 21 C. WHERE DID (If office bldg., INJURY OCCUR?	FYING CAUSES OF DEATH? in Boltimore City, give exact location)				
DISEASES rise IO IN UNDERLYIN OTHER SIGN TO THE ID DISEASE OR 19 A. DATE O 21 A. ACCIDE OR CONTRIB DEATH (notif-	osthema, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	the disease, death.) Ony, giving staling the (C) ONTRIBUTING (C)	in or obout 21 C. WHERE DID (If office bldg., INJURY OCCUR?	FYING CAUSES OF DEATH? in Boltimore City, give exact location)				
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE IDISEASE OR 19A. DATE OF INJURY (APPROX.) 22. J-certify	osthemia, etc. II means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last. IFICANT CONDITIONS COPEATH BUT NOT RELATED NOT RELATED TO CAUSING IF OPERATION (MAS PERION) INT WAS UNDERLYING UTING CAUSE OF CONDITION CAUSE OF COMMENT (Month) (Doy) (Year)	the disease, death.) Ony, giving staling the (C) ONTRIBUTING (C) ONTRIB	in or about 21 C. WHERE DID (If office bldg., INJURY OCCUR?	FYING CAUSES OF DEATH? in Boltimore City, give exact location) IR?				
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19.A. DATE OF TO THE DEATH (notified to the property of the prope	osthema, etc. It means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	the disease, death.) Ony, giving staling the (C) ONTRIBUTING (C) ONTRIB	in or obout 21 C. WHERE DID (If office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCU	FYING CAUSES OF DEATH? in Boltimore City, give exact location) IR?				
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DATE	ostheria, etc. II means replication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	the disease, death.) Ony, giving stating the (C) ONTRIBUTING (C) INDUSTRIBUTING (C) A two (C) ONTRIBUTING (C) ONTRIBUTING (C) INDUSTRIBUTING (C) ONTRIBUTING (C) ONTRIB	in or obout 21 C. WHERE DID (If office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCU 19 t 19 ond that in (Thy) view the body ofter death. Med. Stoff Phys. Director Phys.	FYING CAUSES OF DEATH? in Boltimore City, give exact location) IR?				
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF OR CONTRIB DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. J-certify that (L) (we ond hour on	osthemia, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) of CONDITIONS (A) of CONDITIONS COPEATH BUT NOT RELACONDITION CAUSING IF OPERATION 198. CONDITION CAUSING IF OPERATION 198. CONDITION CAUSE OF the open country of the couse	the disease, death.) Ony, giving stating the (C) ONTRIBUTING (C) INDUSTRIBUTING (C) AND (B) ONTRIBUTING (C) ONTRIBUTING	in or obout 21 C. WHERE DID (If office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCU 19 the body ofter deoth. Med. Stoff Phys. (23 D. ADDRESS)	in Boltimore City, give exact location) IR? (our) opinion death occurred on the				
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. ACCIDE OR CONTRIB DEATH (notify) 21 A. ACCIDE OR CONTRIB OF INJURY (APPROX.) 22. Jertify that (L) (we ond hour on 23A. NGNATI	osthema, etc. II means mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) of CONDITIONS (A) of CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT FOPERATION 198. CONDITION CAUSE OF the condition of course of the couse of the couses story will am the couses story will condition the couse of the couple of the co	the disease, death.) Ony, giving staling the (C) CONTRIBUTING STEED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. hame, form, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work No	in or obout 21 C. WHERE DID (If office bldg., INJURY OCCUR?) 21 F. HOW DID INJURY OCCU 19	FYING CAUSES OF DEATH? in Boltimore City, give exact location) R? (our) opinion death occurred on the course of				
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. ACCIDE OR CONTRIB DEATH (notify) 21 A. ACCIDE OR CONTRIB OF INJURY (APPROX.) 22. Jertify that (L) (we ond hour on 23A. NGNATI	osthema, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) of CONDITIONS (A) of CONDITIONS CAUSING INTO	the disease, death.) ONTRIBUTING STEED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g. hame, form, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work Outline At Work	in or obout 21 C. WHERE DID (If office bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCU 19	in Boltimore City, give exact location) R? (our) opinion death occurred on the				



IMPORTANI

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

LATITION WAS SINTUL STOR STRUCK AND. COR PULMPHALE DULING WAIL TON PAYS THAT YOUR

2/8/101

67 - 21/01 CF 2/01 Who

THE PROPERTY WAS A STREET, THE PARTY OF

P PURREUM

a hospital and

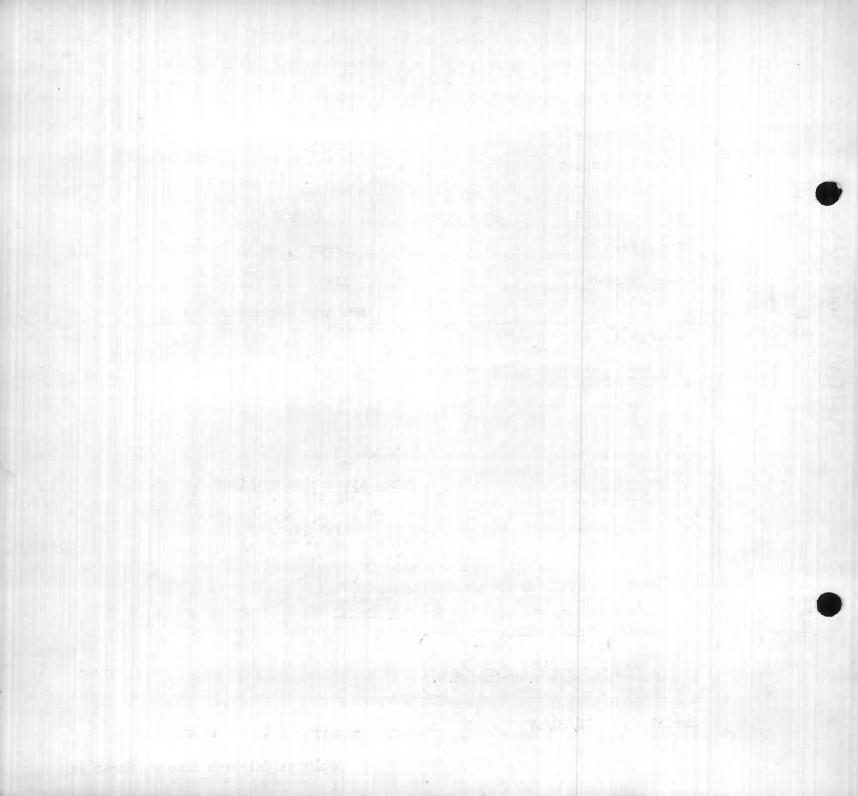
Cry	00.28	Y HEALTH DEPARTMENT		67 9980					
	CERTIFICA	TE OF DEATH	Registered No.						
A.E. CASE NO. NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH						
Type or Print) Regina J	Kegan	Octo	her 18 1	967 5:45					
PLACE OF DEATH IN BALTIMORE, MARYLAND	110841	4. USUAL RESIDENCE (Whe	re deceased lived. If i	967 5:45					
		A. STATE B. COUN	ITY						
FULL NAME OF (If not in haspital ar institu	ution, give street	Maryland		13					
INSTITUTION		C. CITY OR TOWN (If outside city limits, write BURAN and give comission							
710 E. Lake	ATTO	Baltimore D. STREET ADDRESS (If rural, give location)							
(10 E. Dake	AVG								
. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	710 E. Lake Ave. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 2							
_ WID	OWED, DIVORCED (specify)	A STATE OF THE STA	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under Manths Days Haurs					
	lidowed	May 16, 1887	80						
OA. USUAL OCCUPATION (Give kind of work 10B, KIN	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?					
	m Home	Rel timore	Ma	U.S.A.					
3. FATHER'S NAME	111 1101110	Bal timore.	ME	U.D.A.					
Joseph Henri Delano		Ida Snyder							
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS					
(If yes, give war or dates of ser	vice) SECURITY NO.								
No	217-52-8337	Mrs.T.B.Susem	ihl, 710	E. Lake Ave.					
18. 450, O	CAUSE	OF DEATH		INTERVAL BETWE					
DISEASE OR CONDITION DIRECTLY		1 -		ONSET AND DEA					
LEADING TO DEATH	(A)	Harry 1 1.		1)					
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	Heart failure 2 mon arter cosclerors 6 year							
injury ar camplication which caused death.)		1. 40		2 month					
ANTECEDENT CAUSES	6 years								
DISEASES OR CONDITIONS, if ony, giving									
rise to the obove cause (A) staling the (C) UNDERLYING CONDITION lost.									
11									
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING								
TO THE DEATH BUT NOT RELATED TO									
19A. DATE OF OPERATION 19B. CONDITION		20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,		(II in Boltimar	e City, give exact location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?							
21D. TIME (Manth) (Doy) (Year) (Haur)	21E, INJURY OCCURRED	216 HOW DID 1911	IIBY OCCUP?						
OF INJURY	While At Not Whi	21F. HOW DID INJURY OCCUR?							
(APPROX.)	Wark At Wark			6 1					
22. I certify that (I) (this haspital) atten	ded the deceased from	Dime	1963 to	Cex 18 196					
The state of the s	22. I certify that (I) (this haspitol) attended the deceosed from								
ond hour and from the couses stoted obove. (1) (We) (did) (did nat) view the bady ofter death.									
23A. SIGNATURE	, (ii (ii o) (ala) (ala nat)	THE DULY OTHER DEGIN.		23B. DATE SIGNED					
franklin E.	1.1 M.D. AH	tending Med.	Staff						
	featig Ph	ys. Director	Phys.	10-19-67					
23 C. PHYSTCIAN'S NAME (Type)		23D. ADDRESS							
Franklin E	Leslie M.D.	302 E. 33r	d St.						
4A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY or CR			ity, tawn, ar county) (
REMOVAL (Specify)	17		**	7					
Burial 10/21/1967 5A. DATE RECO BY HEALTH DEPT. 25B. NA	Woodlawn ME OF REGISTRAR	25C, FUNERAL DIRECTOR	odlawn, Ba	alto Co					
OCT 19 1987 A	A. O. Z. M	H.W.Jenkins	& Sons Co	0. 4905 York					
Uhle,	U. C. Valkora			12, Md.					
S 150-REV. 1/1/65			TOC T 00						

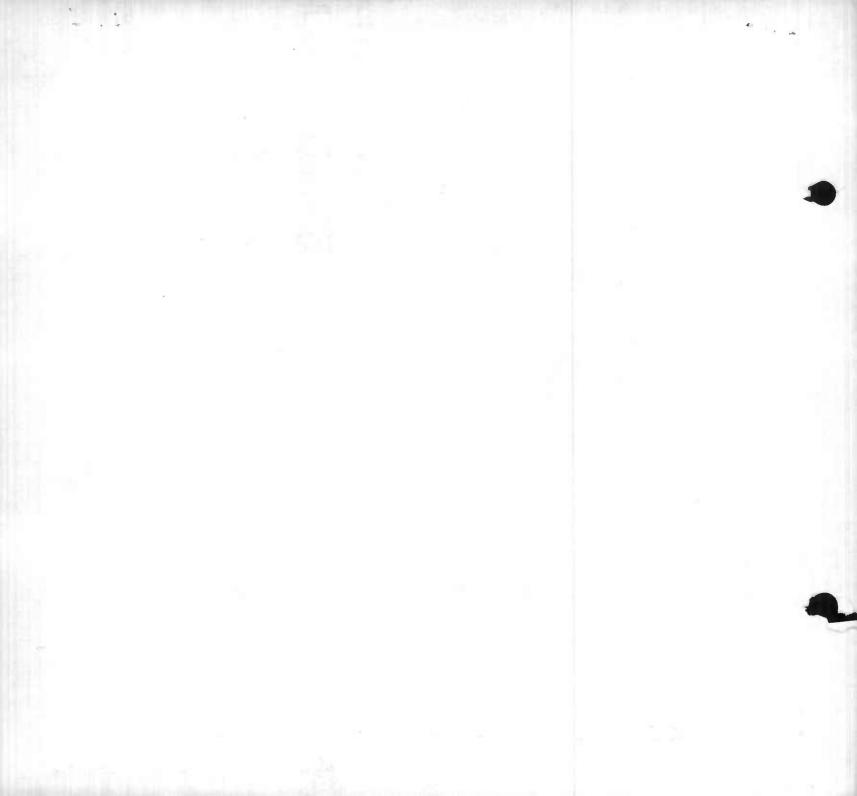
From fulling Lymerottis arterioraleron 4 - 100 Fremedon & July

\$ 1.0 CE 50 Back Mit gra-The same of the same of

3 - 5 25 BIRTH NO. 67 9982 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 9982

M.E. CASE NO.	ICAL EXAMINATION C	EKITICATE OF DEATH MANAGEMENT				
NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD				
Type or Print) JULIA	JOHNSON	October 17, 1967 3:05 A.				
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission and state B. COUNTY Maryland				
OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)				
108 N. Pine Street						
		108 N. Pine Street				
SEX 6. RACE Female Negro	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 8/18/33 9. AGE (In years lost birthdoy) Monthlis Doys Hours Amin				
DA. USUAL OCCUPATION (Give kind of wor one during most of working life, even if retired)	Sepa rated kilob kind of Business or Industr	Y)1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Unemployed B. FATHER'S NAME		Cheraw South Carolina U S A				
Rubin Gordon		Lila				
5. WAS DECEASED EVER IN U.S. ARMEE (es, no or unknown) (If yes, give wor or dote		17. INFORMANT ADDRESS				
no		Mrs Ruth Stevens ,				
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 1998. CONDITION CAUSING WAS PER WAS PER PROPERTY OF THE PROPERTY OF TH	CONTRIBUTING LATED TO THE Fatt	y Alteration of Liver				
12/	RFORMED	Yes Yes				
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?				
Z1D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		WHILE OORK				
22. I certify that I held on	Inquiry Inspection Au	eartial ond thot on this bosis, deoth in my opinion				
ACTUAL SIGNATURE	ulsh Som	CHIEF MEDICAL EXAMINER DATE SIGNED				
NAME (Type)	U. Spitz, M.D.					
REMOVAL (Specify) Burial 10/20/	23 VNAME of CEMETERY					
OCT 19 196	24B, NAME OF REGISTRAR	Cometry A County Ma Address				
/S 151-REV. 1/1/65	JANOON C. COURSE	Adolphus Halstead 1206 W North Av				





IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

(Same)

stati driedle bill late EUSO ... YI of the lates LOVE - BU DESTRUCT TO TO THE DESTRUCT grant of the parties and the contract of the

VS 151-REV. 1/1/65

67 9985 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9985

м.	E CASE NO.										
1. (Tv	NAME OF DEC	CEASED		1	Donald A. Coop	ner Sr.	2. DATE AN	D HOUR PRONOUN	CED DEAD		
,.,		NALD C	OOPER	Sr.	ponaza ne ocoj		Oc	tober 17. 1	967	1 11.35	nM.
3. 1	LACE IN BALT				UNCED DEAD	4. USUAL RES	IDENCE (Where	deceased lived. If in	stitution: resi	dence before odr	nission)
EIII	LL NAME OF	(IE NOT	IN HOSBITAL	OR INICITI	UTION CIVE STREET	a siait	MARYLANI	_			
HO	SPITAL OR	ADDRES	S OR LOCATI	ON)	UTION, GIVE STREET	C. CITY OR T	OWN (If outside	le corporate limits, wri	ite RURAL o	nd give township)
1147	MOITUTION						Baltimo	2 M A	1-	13	
1	2432 Fa	i to Arro	D 0 /			D. STREET AD	DRESS (If rurol		-		
	2432 Fa	it Ave.	D.O.F	4.		2/.22	market Assa				
5. 9	EX	6. RACE	7	MARRIED.	NEVER MARRIED	B. DATE OF BI	Patt Ave	9. AGE (In years	If Unde	r 1 Yr, If Under	24 Hrs.
					DIVORCED (specify)	20/0/0		lost birthdoy		Doys Hours	
	ale	White	11 1 4 1 1	Widow		10/8/2	1	46	10.		
	e during most of v	working life, eve	an if raticad)		F BUSINESS OR INDUSTRY	III. BIRTHPLAC	E (State or forai	gn country)	12. CITIZ	T COUNTRY?	
	Carpen		2	onip Se	ealing Co.	Mary	land		U.	S. A.	
13.	FATHER'S NAN					14. MOTHER'S	MAIDEN NAM	E			
	Joseph	C. Coo	per Sr.			Car	rie Wolf	le			
	WAS DECEASE				16. SOCIAL	17. INFORMAN	[mo	Pa74	ADDRES	21224	
1163	s, no or unknown: Yes	WWII	wor or dotes	of service	214-50-0810						
		MATT				1	epn C. C	ooper, 519	S. Pot		_
	18.	1.0			CAUSE	OF DEATH				ONSET AND D	
	DISEA	SE OR CON		CTLY							
	(This does -	LEADING 1			(A) Bleed	ling duo	denal ul	cer with			
	heort foilure,	not mean the	. It meons the	he diseose,	mas	sive int	testinal	hemorrhage			
	intury or cor	mplication whi	ch coused de	oth.I						1752	
	Д	NTE CEDENT	CAUSES			Nutriti	onal of	erhoois	N-227		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO NUCLEICIDITAL CITCHOSIS						1110212			***********	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.										
Z					(C)				************	***************************************	
CERTIFICATION		11									
S		NIFICANT CO							11.5		
TH		R CONDITION									
ER	19A. DATE OF	OPERATION			WHICH OPERATION	20 A. AUTOP	SY? (Yes or No)	20B. IF YES, WERE I			
0	21		WAS PERFO	RMED			YES	IN CERTIFYING CAL	YES	ATH?	
×	21 A. EXTERNA	L CAUSE WA	AS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID	(If in Boltimore City,		ocotion}	
MEDICAL	UNDERLYING			home etc.}	e, form, foctory, street, o	flice bldg., INJU	RY OCCUR?				
Σ	21D TIME	(Month) (I	Doy) (Year)	(Hour) 12	TE. INJURY OCCURRED	21 F	HOW DID INJ	LRY OCCUR?			
	OF INJURY	(**************************************	-071 (10011					oki occok.			
	(APPROX.) m. WHILE AT NOT WHILE AT WORK										
		22. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death In my apinion									
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner										
	ACTUAL TO DATE SIGNED								IED		
		SIGNATURE SUNGON TO WAR M.D. ASSISTANT MEDICAL EXAMINER X									
	EXAMIN	IER'S				ASSOCIATE	MEDICAL E	XAMINER			
	NAME (Ed	ward F	. Wilson, M.D.				Octob	or 18 1	967
	BURIAL CREA		B. DATE	23	C. NAME of CEMETERY o	CREMATORY	23D. L	OCATION (Cit	ly, town, or	county) (Si	ofe)
	MOVAL (Specify Burial	3	10/20/6	7 B	altimore Natio	onal Cem.		Ra	ltimor	e. Md.	
	DATE REC'D		, ,		OF REGISTRAR		ERAL DIRECTOR			DDRESS	
		400						, 2829 Huds			16.3
		UCJ 2	0 1967	12. Da. 1	8 E. Fallenma	COLLI	J. Duda	, LULY muds	off Dr.	Dallo.	MQ .

. of palleabyles . 15 The section of depotest THE SECOND OF THE PROPERTY OF THE PARTY OF THE SECOND OF T

V.S. 153 10-23-67

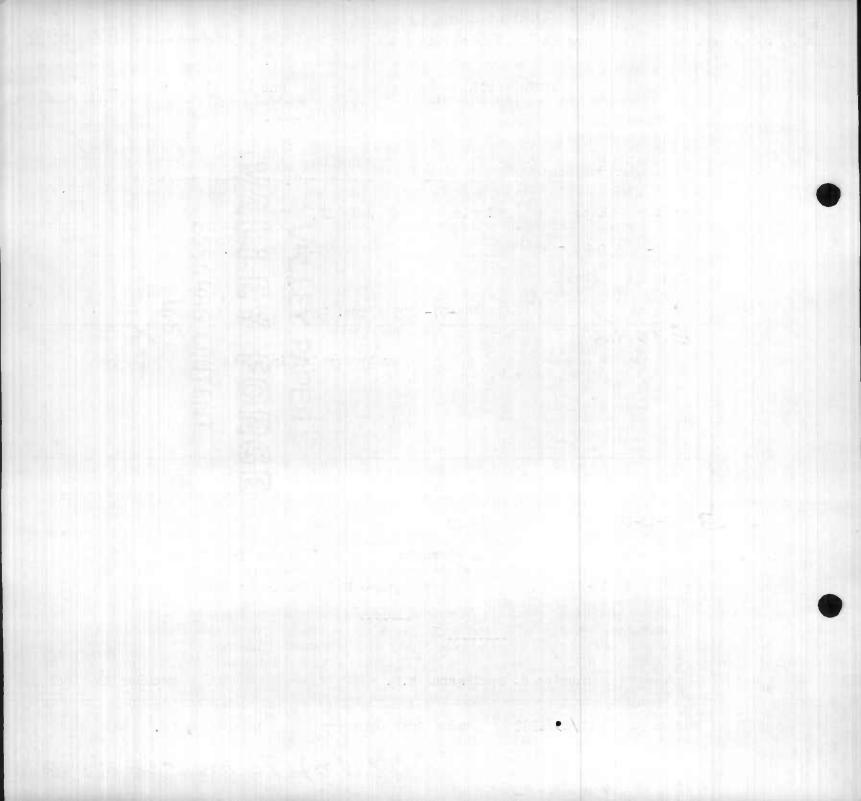
4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B, COUNTY (If outside city limits, write-BURAL and give towaship) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in (my) (vor) apinian death accurred an the date deceased p City, town, or county) Baltimore, Was

BALTIMORE CITY HEALTH DEPARTMENT

1611 The second second second I. ę 25 11 27 1 Marine March 22 . Comment of the state of th Leading the time of the same to a copy in the se 67 9988 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 9988

M.E. CASE NO.								
1. NAME OF DE		TT AD	77			HOUR PRONOUNC		/ 05 1
	ETH			Ur light property		er 15, 196		4:05 A. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD				UNTY	dence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET		laryland	corporate limits, writ	e RURAL o	nd give towyship)
3/				D. STREET ADDR	Baltimor		/-	6/
	Mercy Hospit	al					- 4	
5. SEX	6. RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH		Paul Stre		r 1 Yr. If Under 24 Hrs.
Female	White	WIDOWED,	ngle	July 12,	1909	lost birthdoy) 58	Months	Doys Hours Min.
done during most of	working lite, even if retired)		BUSINESS OR INDUSTRY				12. CITIZ WHA	EN OF AT COUNTRY?
Clerk -	D Of O THE	etired		Balt 14. MOTHER'S MA	imore.	Md.		
				I - NOTHER S MA	TOTA NAME			
Adam	Abel	FORCES	TIL SOCIAL	17 INFORMANIA	7		ADDRES	e
	ED EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT				•
			705-07-9305	Mrs. Ett	ie Abel	same add	ress	
18.	03.5		CAUSE	OF DEATH				INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY						ONSET AND DEATH
	LEADING TO DEATH		(A) Cer	ebrocrania	al injur	ies		
(This does heart foilure	not mean the mode of e, osthenio, etc. It means	DUE TO						
injury or co	emplication which coused	de ofh.)						
	ANTECEDENT CAUSES	2	(D)					
	OR CONDITIONS, IF A		DUE TO	0 = 0 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0				
	NG CONDITION LAST.	IAIINO INE						
Z			(C)					
TY OTHER SIZE		CONTRIBUTU	10					
TO THE	CONTROL CONDITIONS DEATH BUT NOT RE	LATED TO T	HE					
DISEASE	OR CONDITION CAUSING		WHICH OPERATION	DOA ALITOREYS	/V N-) /	OD 15 VEC WERE	INDINGS (ONCIDERED
10-1		Head I	njury	Yes		OB, IF YES, WERE F IN CERTIFYING CAU Yes	ISES OF D	EATH?
O UNDERLYING	OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., o, form, foctory, street, o sidewalk			f in Boltimore City, g Paul Stree		ocation)
ZID IIIVIE	(Month) (Doy) (Yeo	Hour) 2	IE. INJURY OCCURRED	21 F. HO	ULNI DID W	RY OCCUR?		
OF INJURY (APPROX.)	10-11-67	? m.\	WHILE AT NOT	WHILE X	Probab1	y fell		
22. I ce	rtify that I held on I	nquiry 🗌	Inspection Aut	ropsy X and	that on this	s bosis, death in	my opinia	n
resu	Ited from: Notural co	uses A	Accident 🔀 Suicid	e Homicia	de 🗌 U	ndetermined monr	ner 🗌	
ACTUA		57	1	CHIEF ME	DICAL EX			DATE SIGNED
SIGNA' EXAMI NAME	NER'S Charle	s S. Sp	Tingate, M.D.				ctobe	15, 1967
23A, BURIAL CR		23	C. NAME of CEMETERY of	CREMATORY	23 D. LC	CATION (Cit	y, town, or	county) (State)
REMOVAL (Speci								
Burial	, , , ,	-	Loudon Park OF REGISTRAR	24C. FUNERA		ltimore, M		ADDRESS AT
Z-M. DATE REC'I	BY HEALTH DEPT.			240. PUNEKA	DIRECTOR	,		Salto.
	04T 0 0 40CT	001	e. O. Ta D. MA	7./-	1 7.	1.	20	2 -1



IMPORTANI

DIRECTOR:

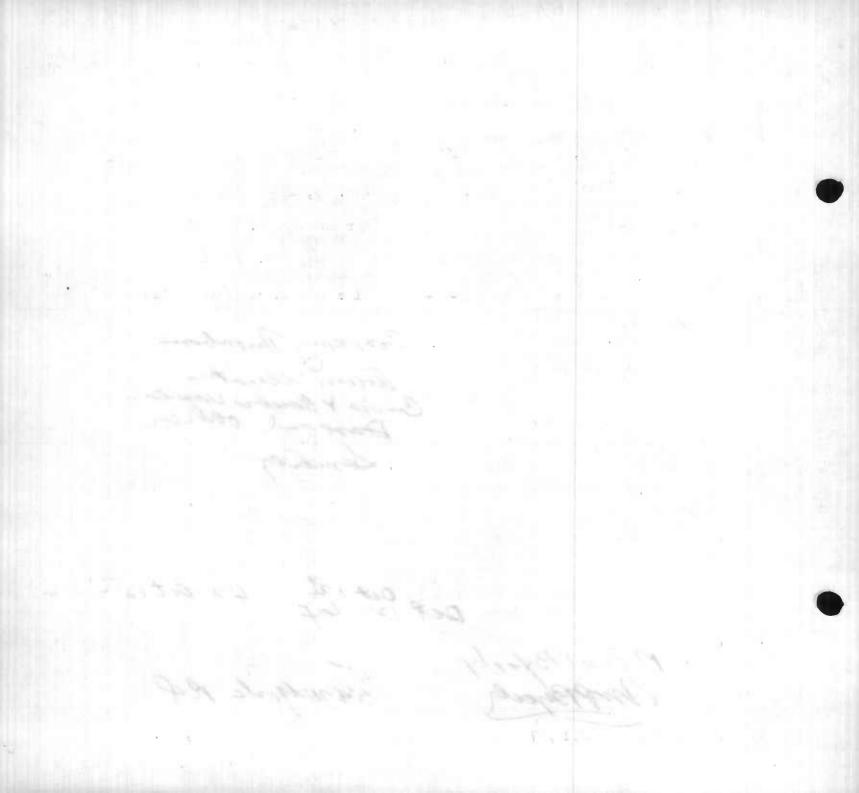
FUNERAL



IMPORTANT

FUNERAL DIRECTOR:

RTH NO. .E. CASE NO.	CERTIFICA	ATE OF DEATH Registered No.	
NAME OF DECEASED		2. DATE AND HOUR OF DEATH	1
(pe or Print) Grace	Zumstein	October 12, 19	57 1 16 30
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived, If	
FULL NAME OF (If not in hospital or instituted oddress or location)	ron, grve street	Maryland C. CITY OR TOWN (If outside city limits, write	RURAS and give township)
INSTITUTION		Baltimore	Marie Comment of the
()() 5515 Gwynn Oak Aver	ue	D. STREET ADDRESS (If rurol, give location)	
Baltimore, Maryland	21207	5515 Gwynn Oak Avenue	21207
	RIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 h
eMale White	Widowed (specify)	Jan. 29, 1879 88	Months Doys Hours Min
A, USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Storekeeper		Martinsburg, W. Virginia	
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Harrison	Kantner	Mary M. Weten	
Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of serv NO NONE	217-50-4456	Mirss Mary E. Zumstein 5	0.370
18. 4/2011	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	P		ONSET AND DEATH
LEADING TO DEATH	101 62	200 hors /misulas	-
(This does not mean the made of dying,			
(This does not mean the made of dying, heart failure, asthenia, etc. It means the distinjuty of camplication which caused death.)		The Sile the	
heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)		Thino Elecation	
hearl failure, asthenia, etc. It means the disc injury or camplication which caused death.) ANTECEDENT CAUSES	DUF 70 .	Telino Schenkie	
heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)	ving (B)	irlino Schenkie iro V Cerebro Van	Ja
hearl failure, asthenia, etc. It means the disc injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	ving (B)	ileno Elewanie vio y lendors Van Dere & Odd (ja Ja
hearl failure, astheria, etc. It means the disc injury of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last.	ving (B)	ileno Sclewkie vio Y Cerebro Van Dere Lodde	e Ja
hearl failure, asthemia, etc. It means the disc injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the abave cause (A) stating UNDERLYING CONDITION last.	ving (C)	Isterio Schenkie vio y lendon Van Deser Lodd (C	Sa Ja
hearl failure, asthenia, etc. It means the disciniury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ving (C)	Smlitz	Ja
hearl failure, asthemia, etc. It means the disciniury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ving (C)	Semble 1208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
hearl failure, asthenia, etc. It means the discinity of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED	ving the (C) UTING THE	Line 1 Cerebra Van Line 1 OOA (C Line 1 OOA (C Line 1 OOA (C Line 2004, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
hearl failure, asthenia, etc. It means the disk injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ving the (C) UTING THE	Line V Cerebry Van De V Cereb	J.C. FINDINGS CONSIDERED
hearl failure, asthenia, etc. It means the disc injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	Ving Ihe (C) JTING THE OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
hearl failure, asthenia, etc. It means the disciniury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	UTING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Wh	20A. AUTOPSY? (Yes or No! 20B, IF YES, WERE IN CERTIFYING C. in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH?
hearl failure, asthenia, etc. It means the disciniury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	JTING THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No! 20B, IF YES, WERE IN CERTIFYING C. in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH?
hearl failure, asthenia, etc. It means the disciniury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	TING THE 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not Wh	20A. AUTOPSY? (Yes or No! 20B, IF YES, WERE IN CERTIFYING C. in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH?
hearl failure, astheria, etc. It means the discinity or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	In the (C) JTING THE OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not Whork ed the deceosed from Legendre	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
heal failure, asthenia, etc. It means the disciniury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attends that (I) (we) lost sow the deceased all verifications.	Ving The CC UTING THE COR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whork At Work and the deceosed from Income on Income Incom	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE IN CERTIFYING C. in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? iile	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
hearl failure, asthemia, etc. It means the disciniury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	Ving The CC UTING THE COR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whork At Work and the deceosed from Income on Income Incom	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE IN CERTIFYING C. in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? iile	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) Linian death occurred on the control of th
heal failure, asthenia, etc. It means the disciniury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give la the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attends that (I) (we) lost sow the deceased all ve and hour and from the causes stated above and hour and from the causes stated above	JTING THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whork ed the deceosed from on foctory (did not) ve. (I) (We) (dId) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 C ond that fn (my) (our) op view the body ofter death.	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
heall failure, asthemia, etc. It means the discinium of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give la the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBET TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased all ve and hour and from the causes stated above 23A. SIGNATURE	JTING THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whork ed the deceosed from on foctory (did not) ve. (I) (We) (dId) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 C ond that fn (my) (our) op view the body ofter death. Hending Med. Stoff Phys. Director Phys.	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) Linian death occurred on the control of th
heal failure, asthenia, etc. It means the discinity of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give la the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased all ve and hour and from the causes stated above	Ving the (C) JTING THE OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not Whork ed the deceosed from on the (I) (We) (dld) (did not) M.D. Af Ph	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) Linian death occurred on the authority of the city of the
heal failure, asthenia, etc. It means the discinity of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give la the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased all ve and hour and from the causes stated above 23A. SIGNATURE	JTING THE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whork ed the deceosed from on foctory (did not) ve. (I) (We) (dId) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) Linian death occurred on the control of th
heal failure, asthenia, etc. It means the discinium of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give la the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBET TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Inotify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased all ve and hour and from the causes stated above 23A. SIGNATURE	Ving the (C) JTING THE OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not Whork ed the deceosed from on the (I) (We) (dld) (did not) M.D. Af Ph	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19/2 C ond that fn(my) (our) op view the body ofter death. 19/2 C ond that fn(my) (our) op view the body ofter death. 19/2 C ond that fn(my) (our) op view the body ofter death. 19/2 C ond that fn(my) (our) op view the body ofter death.	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) Linian death occurred on the death occurred occurred on the death occurred occurred on the death occurred
heal failure, asthenia, etc. It means the discinium or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give la the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased allowed and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Ving the (C) JING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whow At Work ed the deceosed from on (I) (We) (dld) (did not) M.D. At Ph	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? iile	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 1199 1238, DATE SIGNED City, town, or county) (State



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

ALLE WALESAN DOTE TATIFICH WASHING OF A

CERCE ORDAL VASC UNA C. ACCIDENT HO

CERTBRAL ARTERIOSCIENTA VEAKE

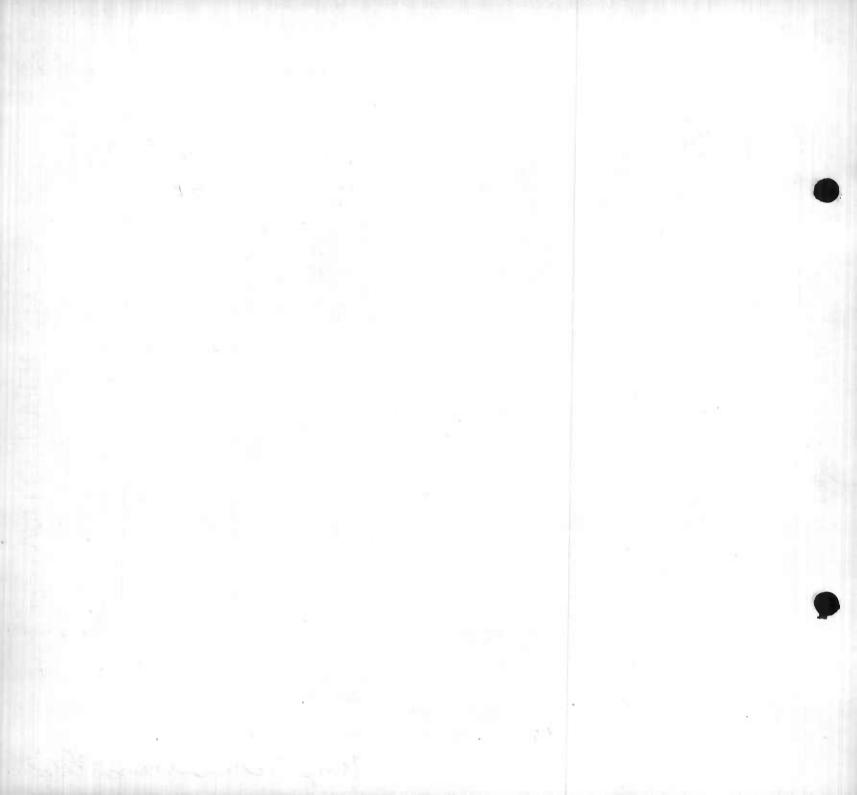
10/01 M/01

LUTHERAN MASPITAL

IMPORTANI

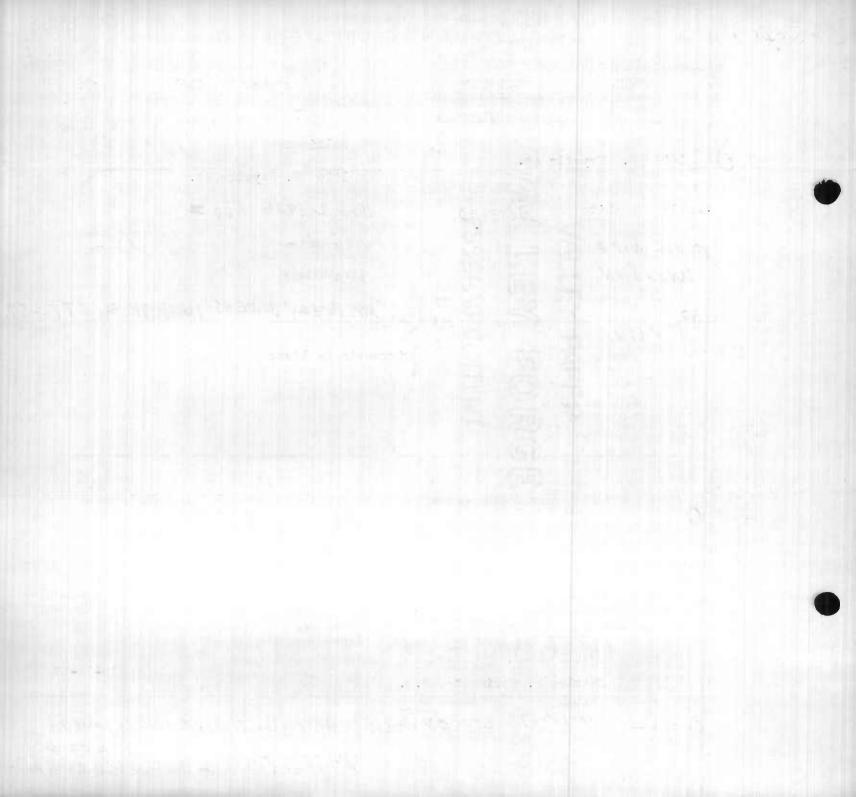
DIRECTOR:

FUNERAL



67 9993 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.									
1. NAME OF DI	CEASED						NOUNCED DEA	.D	
	ETHEL	SCHOE				r 13, 1		8:35	P _M ,
	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					own (If outsid	e corporate lim	its, write RURAL	and give towns	hip)
1426	W. Fayette	St.			DRESS (If rurol,	give lacation)	1 7		
				1426	W. Fay	ette St			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BI		9. AGE (II	years If Un	der 1 Yr. If Unde	ei 24 His.
Female	White	AL ALD D	DIVORCED (specify)	10001.2	-,1906	lost birthd	Mann	ns Days Hours	Min.
	CUPATION (Give kind of wor	KIOB KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (Stole or foreig			TIZEN OF	-
HOUSE	working life, even if retired)			VIRGI	NIA		1	HAT COUNTRY?	
13. FATHER'S NA	ME		-		MAIDEN NAM	E		. 3./1.	
UNKI	NOWN			ZWKN	WW				
15. WAS DECEAS	SED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMAN			ADDR	ESS	
(Yes, no oi unknow	(If yes, give war or date	es of service!	SECURITY NO.	MRS.PE	EGY BON	VERS /	428 W	FAYET	TES
18.	10.		CAUS	E OF DEATH		-		INTERVAL B	ETWEEN
DISE	ASE OR CONDITION DI	IDECTLY.						ONSET AND	DEATH
100	LEADING TO DEATH	1	Cir:	rhosis of	liver				
heart failu	nat mean the mode of e, asthenia, etc. It means amplication which caused	s the disease.	DUE TO						
mary or c	omprecion which couses	00011117							
DISTACES	ANTECEDENT CAUSE		(B)						***********
RISE TO T	OR CONDITIONS, IF A		DUE TO						
	ING CONDITION LAST.		(C)						
2	11								
S TO THE	CHIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T							
19A. DATE C	OF OPERATION 198, CON WAS PER		WHICH OPERATION	No No	PSY? (Yes or No)		WERE FINDINGS G CAUSES OF		
O UNDERLYING	AL CAUSE WAS OOR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., farm, factory, street,	in or about 21 C affice bldg., INJU	, WHERE DID JRY OCCUR?	(If in Baltimare	City, give exac	t lacation)	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	VHILE AT NOT	WHILE ORK	HOW DID INJ	JRY OCCUR?		PI	
22.	ertify that I held an				and that on th	is basis day	ath in my only	lan	
	ulted fram: Natural ca		ceident Suicident			Undetermine		1011	
resi	Olifed from: Natural Co	OSES X	Corpent Suicio		MEDICAL EX				
ACTU. SIGNA		۶ ا	2 get Mic		MEDICAL EX			DATE SI	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NER'S Charles	S. Spri	ngate, M.D.	ASSOCIATE	MEDICAL E	XAMINER		10-14-	6/
23A, BURIAL CE REMOVAL (Spec		230	C. NAME OF CEMETERY	er CREMATORY	23 D. L	OCATION	(City, town,	or county)	(Stote)
BURIA	1 11-10	-67 1	OUDIN PAR	IX CEM	ETEON RA	TIME	1= - MA	PVIANI	2
	D BY HEALTH DEPT,	248. NAME	OF REGISTRAR	24C. FUN	ERAL DIRECTOR	PITIVIVI	1- 1-117	ADDRESS	
- W	OCJ 20 1967	Polos &	E. Farbeyna	WHL	TERC EN	NERAL	HOME	PRATT	= p ST
VS 151-REV. 1/		40/40/40		77	1-113 10	1	114/11		-11-15



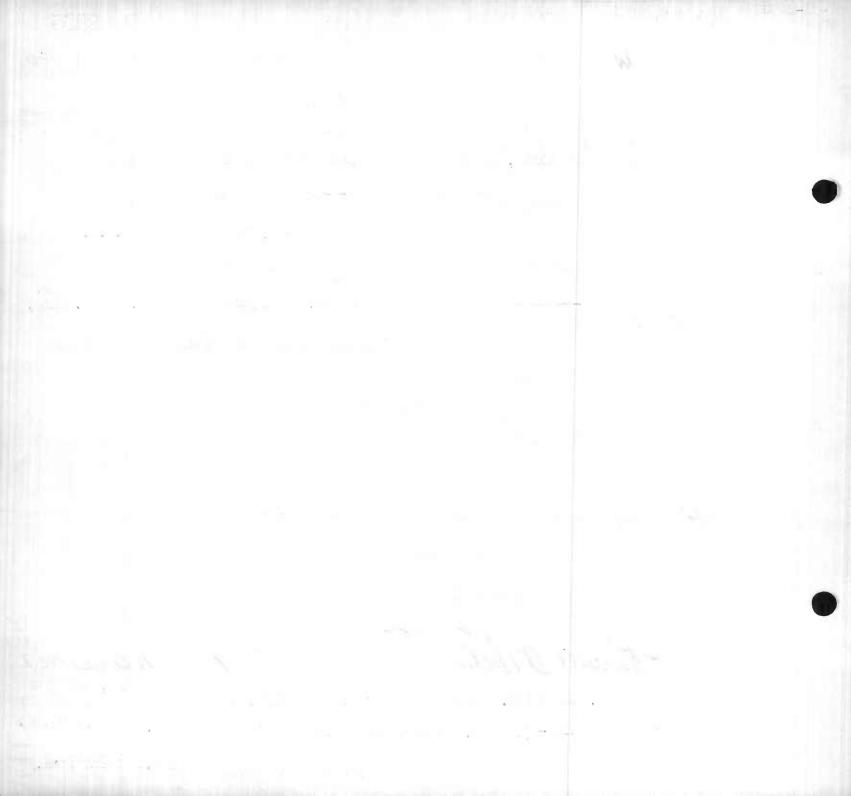
IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

The first that the first of the second endough The Three Reportance The Spring " 127 - W R 65-193 75 PERMITTER AND CO. S. AMERICAN AMERICAN IN MATERIAL CON-(MARCH BENEVER MARCH (LERICANIAN) 100 com so 23 d Da my dely



IMPORTANT

DIRECTOR:

FUNERAL

2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
. STATE

B. COUNTY MARYLAND (If outside city limits, write RURAL 9. AGE (In years If Under 1 Yr. Months Doys 12. CITIZEN OF WHAT COUNTRY? U.5 A CHART 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

ONSET AND DEATH

ADDRESS

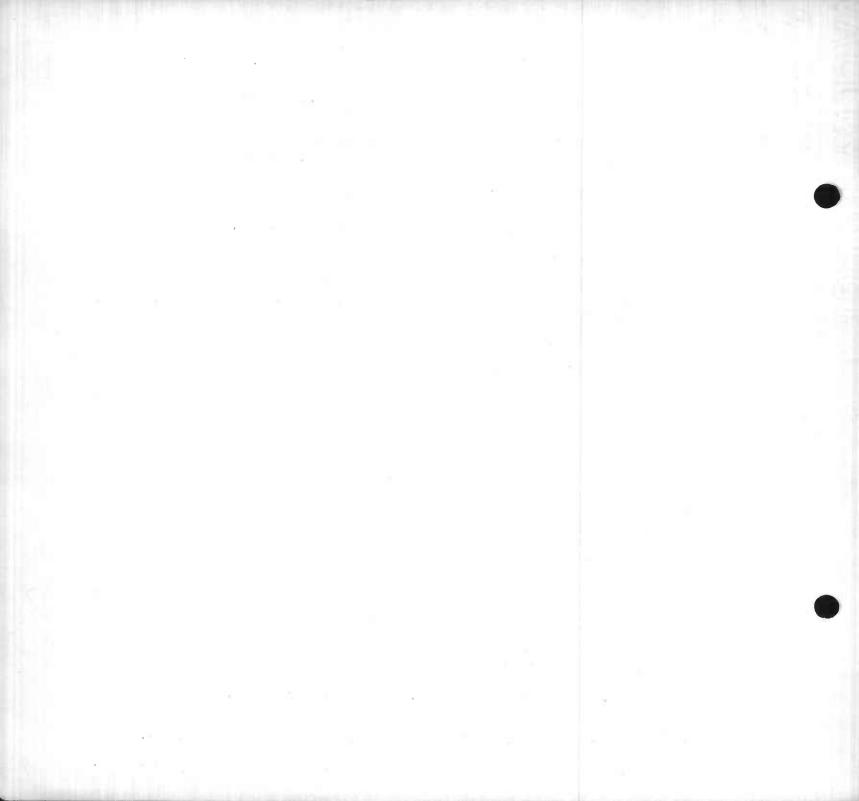
ADDRESS



IMPORTANT

FUNERAL DIRECTOR:

	AME OF DEC	GEORGE	A. FRAN	KLIN			17, 196		
3. P	LACE OF DEA	ATH IN BALTIMORE, MA				DENCE (Whe	re deceased lived. I		dence before admis:
H	ULL NAME OF OSPITAL OR OSTITUTION	oddiess or location	n)		Bal	timor	24 tside city limits, wri	0-	ive townshirt
	PM	1/ 0408	7. MARRIED. N	CVCD AAABBICO	8. DATE OF BIRT				V V II I
	male	white	widowed, maj	DIVORCED (specify)	1/18/06)	9. AGE (tn years lost birthdoy) 61	If Under 1 Months D	
		UPATION (Give kind of work working life, even if retired)						12. CITIZEN WHAT	OF COUNTRY?
		pervisor	Archer	Laundry	Baltim	nore,	Md.		
13. F	FATHER'S NAM				14. MOTHERS			,	
		unknown				u	nknown		
5. V	Was Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT			A	DDRESS
165	na arunknawn	(If yes, give war at date	s or service)	SECURITY NO.	Julia S	Simmon	s Frankl:	in, wif	e, above
		ANTECEDENT CAUSES		DUE TO	l rel	C	ana	U 1	gri
TION	DISEASES () tise In Ihi UNDERLYING	OR CONDITIONS, if e abave couse (A) G CONDITION last.	ony, giving stoling the CONTRIBUTING ATED TO THE	(B) US DUE TO	l rel	CI	Mula		Jr. E
ERTIFIC	DISEASES (Crise In Industry In Control of the Disease Or Industry In Control of the Disease Or Industry	OR CONDITIONS, if e abave couse (A) G CONDITION last. IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI	ony, giving sloling the CONTRIBUTING ATED TO THE IT.	(C)		C SY? (Yes or N	20B. IF YES, WE IN CERTIFYING	CAUSES OF DE	ATH?
L CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A-DATE OF 21A-ACCIDENT	OR CONDITIONS, if e abave couse (A) G CONDITION last. II IFICANT CONDITIONS C FEATH BUT NOT RELA CONDITION CAUSING I	ony, giving sloling the CONTRIBUTING ATED TO THE IT.	1	20 A. AUTOPS	HERE DID	IN CERTIFYING	RE FINDINGS CO CAUSES OF DE	ATH?
DICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A-DATE OF CONTRIBUTE OR CONTRIBUTE OF CON	OR CONDITIONS, if e abave couse (A) G CONDITION last. IFICANT CONDITIONS COMEATH BUT NOT RELATED TO THE CONDITION CAUSING TO THE CONDITION CAUSING WAS PERION TO THE CONDITION	cony, giving sloling the contribution for Whender Contribution for When	IICH OPERATION LACE OF INJURY (e.g., i form, factory, street, o	20 A. AUTOPS n or about 21 C. W ffice bidg., INJURY	HERE DID Y OCCUR?	IN CERTIFYING	CAUSES OF DE	ATH?
DICAL	OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDE OR CONTRIBL DEATH (notify	OR CONDITIONS, if e abave couse (A) G CONDITION last. IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERI OTHER CONDITIONS CAUSING I F OPERATION 198. CON WAS PERI OTHER CONDITIONS CAUSE OF medical examines)	ony, giving sloling the CONTRIBUTING ATED TO THE IT. IDITION FOR WHEOMED	IICH OPERATION LACE OF INJURY (e.g., i form, factory, street, o	20 A. AUTOPS n or about 21 C. W ffice bidg., INJURY	HERE DID Y OCCUR?	IN CERTIFYING	CAUSES OF DE	ATH?
MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A-DATE OF CONTRIBUTE OF INJURY (APPROX.) 21 A. CEIDE! 21 A. CEIDE! 21 A. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we)	OR CONDITIONS, if e abave couse (A) G CONDITION last. IIIICANT CONDITIONS CONDITIONS CONDITION CAUSING I FOREATION 198. CONWAS PERION ON CONDITION CAUSING I OPERATION 198. CONWAS PERION ON CONDITION CAUSING I OPERATION 198. CONWAS PERION ON CONDITION CAUSE OF I Medical examines) (Manth) (Day) (Year) That (I) (this haspital last saw the decease of from the causes stated	ony, giving sloling the CONTRIBUTING ATED TO THE IT. IDITION FOR WIFFORMED 218. PI hame, etc., Yellow Will While Work (Haur) 21E. II While Work	ACE OF INJURY (e.g., if farm, factory, street, on the street, on t	20 A. AUTOPS n or about 21 C. W ffice bldg., INJURY 21 F. H 19	WHERE DID Y OCCUR?	IN CERTIFYING	CAUSES OF DE	ATH? exact locofien) 19 b accurred an the
MEDICAL CERTIFIC	OTHER SIGNITO THE DDISEASE OR 19A-DATE OF	DR CONDITIONS, if e abave couse (A) g CONDITION last. II IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING I FOREATION 198. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examine) (Manth) (Day) (Year) That (I) (this haspital a last saw the decease of fram the causes state URE WAS INDERLYING UTING CAUSE OF medical examine)	ony, giving sloling the CONTRIBUTING ATED TO THE IT. IDITION FOR WIFFORMED 218. PI hame, etc., Yellow Will While Work (Haur) 21E. II While Work	AI	20 A. AUTOPS n or about 21 C. W ffice bidg., INJURY 21 F. H 19 21 iew the bady a 2 anding A 2 and ADDRESS	WHERE DID Y OCCUR?	IN CERTIFYING (If in Boltin URY OCCUR? 19 65 to	CAUSES OF DE	ATH? exact locotion) 19 b accurred an the
MEDICAL CERTIFIC	OTHER SIGNITO THE DDISEASE OR 19A-DATE OF	OR CONDITIONS, if e abave couse (A) G CONDITION last. II IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI WAS UNDERLYING UNITY CAUSE OF medical examines) (Month) (Day) (Year) That (I) (this haspital last saw the decease d fram the causes stat JRE JRE JRE JRE JRE JRE JRE JRE JRE JR	cony, giving sloling the contribution for whether the contribution for whether the contribution for white work con	AI	20 A. AUTOPS n or obout 21 C. W ffice bidg., INJURY 21 F. Ho 21 F. Ho 22 J. Address Latro	ow DID IN. and the state of th	IN CERTIFYING (If in Boltin URY OCCUR? 19 65 to	CAUSES OF DE	ath? exact locotion) 19 b accurred an the
MEDICAL CERTIFIC	DISEASES (tise In Ih UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF 21A. ACCIDE! OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	OR CONDITIONS, if e abave couse (A) g CONDITION last. II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IS OPERATION 198. CONDITION CAUSING IS OPERATION 198. CON WAS PERI ON WAS UNDERLYING UTING CAUSE OF medical examines) (Manth) (Day) (Year) That (I) (this haspital last saw the decease d fram the causes state UNIS (Year) Dr. Mauri MATION, 248. DATE Specify)	CONTRIBUTING ATED TO THE IDITION FOR WH FORMED (Hour) (Hour) 218. Pl home, etc.) (Hour) 218. II While Work (Hour) 218. II CHOUN (Hour) 218. II While Work (Hour) 218. II CHOUN (Hour) 218. II While Work (Hour) 228. II While Work (Hour) 228. II Anne, etc.) (Hour) 228. II Anne, etc.)	ACE OF INJURY (e.g., if form, foctory, street of the form), foctory, street of the form, foctory, street of the foctor	20A. AUTOPS n or about 21C. W ffice bidg., INJURY 21F. Ho 21F. Ho 21ming A 23D. ADDRESS Latro EMATORY	OW DID IN. and the other death. Med. Director 24D. I	IN CERTIFYING (If in Boltin URY OCCUR? 19 65 to not in (my) (aur) of Phys	CAUSES OF DE	ath? exact locofien) 19 b accurred an the



shows: (1)

Such

to death.

of death

RTH NO.	3998 CERTIFICA	TE OF DEATH	Registered Na	
NE CASE NO.	JUUG CERTIFICA		D HOUR OF DEATH	1
ype or rnnii		10/18/		: 25 PM,
PLACE OF DEATH IN BALTIMORE, MARYLAND)	4. USUAL RESIDENCE (Where	deceased lived. If	institution: residence before odmis
		A. STATE B, COUN	I Y	
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	ution, give street	C. CITY OR TOWN (If outs	side city limits, write	RURAL and give township)
UNION MEMORIAL 405	PITAL	BALTIMORE	,,	53-00
111			urol, give location)	00-00
		66.19 LOCH	RAVEN BL	VD.
	RRIED, NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours M
G .	OWED, DIVORCED (specify)	04-27-12	55	THOMAS DOYS HOUS
A. USUAL OCCUPATION (Give kind of work 10B, KH		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	n Business	Virginia		THAT COUNTRY:
BEAUTY SHOP B	EAUTY SHOP	14. MOTHER'S MAIDEN NAM	ΛE	
Cabell Price		Albe	rta Eastv	rood
, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT 2837	Va	A TO ADDRESS
es, no or unknown) (II yes, give wor or dotes of ser	vice) SECURITY NO.	Edwin A. Har		
<u>.</u>		EUWIII A. Hai	vey, nepi	
18. / 7 ext X 1	CAUSE O	OF DEATH		ONSET AND DEAT
DISEASE OF CONDITION DIRECTLY		A STATE OF THE PARTY OF THE PAR		
LEADING TO DEATH (This does not mean the made of dying,	(A)	ETASTATIC SC	aurmous C	ieu Zyears.
heart failure, asthenia, etc. 11 means the dis				
injury or complication which caused death.)	Car	ciment oric	INATIALCO C	- Acus
		cimoma, oric	INATING A	-Acr-
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	(B) Car DUE TO	**************************************	, INATING A	- EU-
injury or complication which caused death.) ANTECEDENT CAUSES	(B) Car DUE TO	**************************************	, INATING A	-ew-
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) stating	(B) Car DUE TO	**************************************	, INATING F	-AU-
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) stating UNDERLYING CONDITION lost.	giving the (C) PEC	**************************************	, INATING F	-Au-
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving the (C) PEC	vis		
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION tost. I] OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving the (C) PEC	**************************************	208. IF YES, WERE	
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CALLED TO THE DEATH BUT NOT RELATED TO THE DEATH BU	giving the (C) PEC	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
injuly or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMET CAUSE OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE CAUSE OF CAUSE CAUS	(B) CAP DUE TO DUE TO giving the (C) PEC UTING O THE FOR WHICH OPERATION TE PUS 218. PLACE OF INJURY (e.g., home, form, foctory, steet, o	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
Injuly or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBETORY NOT RELATED TO THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	OUTING O THE FOR WHICH OPERATION (E) TEQUS [218, PLACE OF INJURY (e.g., in the content of the	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	OUTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., income, form, foctory, street, oetc.)	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	SUTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., inome, form, foctory, street, onetc.) 218. INJURY OCCURRED While At Not While	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) slating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF CONTRIBUTION CAUSING TO CONTRIBUTION CAUSING TO CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE O	TEPUS Compared to the content of	20 A. AUTOPSY? (Yes or No) NO in or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR? 21 F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING C (If in Boltime	FINDINGS CONSIDERED AUSES OF DEATH?
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTION CAUSE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTION CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour (APPROX.)	TEPUS Compared to the content of	20 A. AUTOPSY? (Yes or No) NO in or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING C (If in Boltime	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CAUSING IT. DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (this hospital) attention that (**(we) last saw the deceased alive	TE PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not Whith At Work ded the deceased fram	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING C (If in Boltime	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OR CONDITION CAUSING IT. DISEASE OR CONDITION WAS PERFORMED COR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour CAUSE) OF INJURY (APPROX.) 22. I certify that (this hospital) attempts that ((We) last saw the deceased alive and haur and fram the causes stated above and haur and fram the causes stated above	TE PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not Whith At Work ded the deceased fram	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING C (If in Boltime	FINDINGS CONSIDERED AUSES OF DEATH? One City, give exact location) 19
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) stating UNDERLYING CONDITION lost. I) OTHER SIGNIFICANT CONDITIONS CONTRIETO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTION CAUSE OF OPERATION (AS PERFORMED CONTRIBUTION CAUSE OF OPERATION (AS PERFORMED CAUSE OF INJURY (APPROX.) 21A. ACCIDENT WAS UNDERLYING CAUSE OF INJURY (APPROX.) 22. I certify that (Month) (Doy) (Year) (Hour of Injury (APPROX.) 23A. SIGNATURE	giving the (C) PEC SUTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., inome, form, foctory, street, onetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID inffice bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING C (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 6 19 6 238, DATE SIGNED
Injuly or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) stating UNDERLYING CONDITION lost. I) OTHER SIGNIFICANT CONDITIONS CONTRIETO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTION (AS PERFORMED CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (Hour (APPROX.) 22. I certify that (this hospital) attenthat (**T(we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE	TO THE SUTING O THE FOR WHICH OPERATION TEQUS 218. PLACE OF INJURY (e.g., independent of the content of the	20 A. AUTOPSY? (Yes or No) NO in or obout 21 C. WHERE DID inffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19 6 4 and the view the bady after death.	208. IF YES, WERE IN CERTIFYING C (If in Boltime	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 6
Injuly or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIETO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO CONTRIBUTION (AUGUST CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING (AUGUST CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING (Hour CONTRIBUTION) 21D. TIME (Month) (Doy) (Year) (Hour CONTRIBUTION) 22. I certify that (this hospital) attention that (**(we) last saw the deceased aliverand hour and fram the causes stated above 23A. SIGNATURE	TO THE SUTING O THE FOR WHICH OPERATION TEQUS 218. PLACE OF INJURY (e.g., independent of the content of the	20 A. AUTOPSY? (Yes or No) NO in or obout 21 C. WHERE DID inffice bidg., INJURY OCCUR? 21 F. HOW DID INJU 19 6 4 and the view the bady after death.	208. IF YES, WERE IN CERTIFYING C (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 6 19 6 238, DATE SIGNED
Injuly or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIETO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour of INJURY (APPROX.) 22. I certify that (this hospital) attenthat (IF (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE	giving the (C) PEZ SUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram Ive. (#(We) (did) (did) (did) M.D. Att Phy	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 6 4 and the view the bady after death. lending Med. Director 22D. ADDRESS	20B. IF YES, WERE IN CERTIFYING C (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locotion) 19 6 19 6 238, DATE SIGNED
Injuly or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIET TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED TO CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 22. I certify that (Month) (Doy) (Year) (Hour and hour and fram the causes stated about the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CESAR F. CLIMA CALL.	giving the (C) PEZ SUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram Ive. (#(We) (did) (did) (did) M.D. Att Phy	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID inffice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 6 4 and the view the bady after death. Lending Med. Director 23D. ADDRESS UNION MEMOR	20B. IF YES, WERE IN CERTIFYING C (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? OF City, give exect locotion) 19 6 23B. DATE SIGNED 10 - 18 - 6 2
injuly or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour of INJURY (APPROX.) 22. I certify that (this hospital) attenthat (F (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE COLUMN 23C. PHYSICIAN'S NAME (Type) CESAR F. CLIMA C.	giving the (C) PEZ SUTING O THE FOR WHICH OPERATION TEPUS 218. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram e an / G - (F) IVE. (#F(We) (did) (did) (did) (did) M.D. Att Phy	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID inffice bldg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 19	20B. IF YES, WERE IN CERTIFYING C (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 10 - 18 - 19 6 23B, DATE SIGNED 10 - 18 - 6 2 27744 City, town, or county) (St

VS 150-REV. 1/1/65

Schimunek Funeral Home, 3331 Brehms Lane Inc.

MARKALAND

CALIFOR MEMORING WOLFE

BAUM IT ARE

G. G. P. Sager Paymer School

Busine week wildowed O4-24-12 55

NORTHWEST NORT PROFILE

Maring Farmer Square care of the Parket

CONT. INDING. CONTENUES PRO-

80000

DEC. F. MET Ca. of CHEROS

e u

41-51 53 8-51

Coam f. Olympia

CESAR P. CLIMACO

UNION WENDERSHIP STUDY THE

13-21-01

(C-453 67	0000	TE OF DEATH Registered No.	67 9999				
	M.E. CASE NO. 1. NAME OF DECEASED BYES (Type or Print) MILL (LADD B)			15 10 P				
	3. PLACE OF DEATH IN BALTIMORE, MARYL FULL NAME OF (If not in hospital or it	AND	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE MARYLAND	nstitution: residence before odmission)				
	HOSPITAL OR oddress or locotion) 33JOHNS: HOPK INS	HOSPITAL	BALTIMORE 25 D. STREET ADDRESS (If rurol, give location)	RORAL and give township)				
			1021 RODMAN WAY					
	MALE WHITE	MARRIED, NEVER MARRIED WINDER PEOCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 49	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work) 10: done during most of working life, even if refired) Baker	B. KIND OF BUSINESS OR INDUSTRY Garden Bakery	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	MILLARD CALLENDE	D.	MARGARET CHANLIS					
-	15. Was Deceased Ever in U. S. Armed Forces	? 116. SOCIAL	17. INFORMANT	ADDRESS				
-1	(Yes, no or unknown) (If yes, give wor or dotes of		D 41 D'-1 44- 0-71	3				
	yes WW 2 - Army		Ruth Ricketts Callend					
1	18/62./	CAUSE O	FDEATH	ONSET AND DEATH				
П	DISEASE OR CONDITION DIREC	TLY	2-10 - 1' A limit	7				
4	(This does not mean the mode of dy	ring, e.g., DUE TO	cell carcinoma of hun	7				
1	heart failure, asthenia, etc. It means the	heart failure, asthenia, etc. It means the disease,						
Н	ANTECEDENT CAUSES	(B)						
1		DUE TO	# 1984 # 8 8 8 8 8 8 8 8 8 8 8 8 9 8 9 8 9 8 9					
4	rise to the obove cause (A) st							
П	UNDERLYING CONDITION lost.	/						
	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	NTRIBUTING D TO THE						
	19A. DATE OF OPERATION 198. CONDIT	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED				
1	19-30-64 YOUR	MED of Startes	YES IN CERTIFYING CA	AUSES OF DEATH?				
1	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, or etc.)	n or obout 21 C. WHERE DID (If in Baltimor	re City, give exoct locotion)				
	21D. TIME (Month) (Doy) (Year)	Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
	(APPROX.)	While At Not While Work At Work						
	22 1			11.				
	that (1) (we) lost saw the deceased alive on 10-16 19 61 and that in my (our) apinion death accurred an the date							
	and hour and from the causes stated abave. (1) (We) (did) (dld nat) view the bady after death.							
	23A SIGNATURE R 111	M.D. Alle	ending Med. Stoff	23B. DATE SIGNED				
	Cincil of the 1870	Phy	s. Director Phys.	10.16.6				
	Christopher B.	Merritt M.O.	Johns Hobkins Ho	spital				
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRI		City, fown, or county) (Stote)				
	Burial 10/20/6	7 Baltimore Nat:	ional Cem. Baltimore,	Md.				
	25A. DATE RECIPEY PANTINGET 0 25	Sect E, Falley MA	Schimunek Funeral I 3331 Brehms Lai	Home, Inc.				
1 5	VS 150-REV. 1/1/65							

Sub cell continuous of lung ?

Interviewal destruction

91:01 d Unideplan Blessien. Christopher B. Merzeut

12.31.01 Johns Hopkins Hospital 67 10000 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regist

67	7	0	0	0	C
	1	V	V	9	U

BIRTH NO.	CAL EXAMINER 3 C	EKTIFICATE OF DEATH Registe	ered No.
M.E. CASE NO.			TO DIAD
NAME OF DECEASED	CY.	2. DATE AND HOUR PRONOUNCE	
TENK I	H. TRIBULL	October 16, 1967	
PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COL Maryland	litution: residence before odmissi JNTY
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (II autside carporote limits, with	RURAL and give to waship)
South Baltimore Ger	neral Hospital (DOA)	D. STREET ADDRESS (If rural, give lacation)	- 4
Doddii partimore dei	Terar hospital (boh)	705 N. Curley Street	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily) married	9. AGE (In years lost birthday) 9/30/03	Manths Doys Haurs Mir
Male White		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during mast of warking life, even if retired)			WHAT COUNTRY?
Foreman	Western Md. R.R		
S. FATHER'S NAME	2.7	14. MOTHER'S MAIDEN NAME	
Tribu		unknown	
5. WAS DECEASED EVER IN U.S. ARMED es, na ar unknawn), (If yes, give war ar date		17. INFORMANT	ADDRESS above
no	705-10-6279	Isabelle Rykanzewska	Tribull.wife.
118.		SE OF DEATH	INTERVAL BETWEE
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI	(C)		
DISEASE OR CONDITION CAUSING	; IT		
19A. DATE OF OPERATION 19B. CON WAS PERI		Yes Yes at Na) 208. IF YES, WERE FI	
21A, EXTERNAL CAUSE WAS UNDERLYING□OR CONTRIB- UTING□ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., hame, form, lactary, street, etc.)	, in at about 21C. WHERE DID (II in Boltimate City, gi affice bldg., INJURY OCCUR?	ive exact location)
21D TIME (Manth) (Doy) (Year OF INJURY (APPROX.)	WHILE AT NOT	21F. HOW DID INJURY OCCUR?	
22.		ि एक कि	
I certify that I held an I		utapsy X and that an this basis, death in r	
resulted from: Natural car	uses X Accident Suici		er
ACTUAL ////	1 5).	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	7 / MI	D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Werner	U. Spitz/MD.	ASSOCIATE MEDICAL EXAMINER	10/17/67
3A. BURIAL CREMATION, 23B. DATE BUTIAL 10/20	/67 HOLY ROSARY		, town, or county) (State)
4A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR		
000000000	P. P. S. France	24C. FUNERAL DIRECTOR Schimunek Funeral Ho	ome, Inc.

